

Care Quality Commission

Inspection Evidence Table

Adelaide Medical Centre (1-589708255)

Inspection date: 27 February 2020

Date of data download: 24 February 2020

Overall rating: Good

Please note: Any Quality and Outcomes Framework (QOF) data relates to 2018/19.

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.41	0.63	0.74	No statistical variation

Older people

Population group rating: **Good**

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: **Good**

Findings

- The practice often demonstrated high completion rates for its QOF targets in this population group coupled with lower exception reporting rates than the local and national averages. The impact for patients meant that more patients were receiving the care they needed in relation to their chronic condition.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	74.6%	79.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	10.6% (49)	14.2%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure	84.1%	78.1%	78.1%	No statistical variation

reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	8.7% (40)	11.3%	9.4%	N/A
	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	88.1%	82.7%	81.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	12.3% (57)	14.9%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.5%	76.4%	75.9%	Tending towards variation (positive)
Exception rate (number of exceptions).	12.8% (82)	11.2%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.7%	91.6%	89.6%	No statistical variation
Exception rate (number of exceptions).	14.9% (29)	14.8%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	87.9%	82.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (28)	4.4%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.6%	91.2%	91.1%	No statistical variation
Exception rate (number of exceptions).	8.2% (14)	5.9%	5.9%	N/A

Findings

- The practice has met the minimum 90% for three of four childhood immunisation uptake indicators. The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for the remaining one childhood immunisation uptake indicator.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	63	64	98.4%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	80	86	93.0%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	79	86	91.9%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	80	86	93.0%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 01/07/2019 to 30/09/2019) (Public Health England)	74.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	78.2%	76.9%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	62.9%	65.1%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)	82.4%	75.1%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	50.9%	57.1%	53.8%	No statistical variation

Any additional evidence or comments

During the inspection, the practice provided more recent, but as yet unvalidated, data to demonstrate the cervical screening uptake, which had increased. For example, as of 26 February 2020:

- 75% of those eligible for cervical cancer screening between 25 to 49 years had been screened within 3.5 years.
- 79% of those eligible for cervical cancer screening between 50 to 64 years had been screened within 5.5 years.

The practice confirmed it was aware of its cervical screening uptake performance and the following information was provided:

- A further 60 eligible patients were booked in for a cervical screening appointment until the end of March 2020.
- The practice was able to offer eligible patients flexible appointments through its own extended hours until 8pm on Tuesdays, as well as evening and weekend appointments via the local extended access hub provided by the local GP Federation service.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.9%	92.1%	89.4%	Variation (negative)
Exception rate (number of exceptions).	4.3% (4)	13.7%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	90.9%	90.2%	Significant Variation (positive)
Exception rate (number of exceptions).	3.3% (3)	12.1%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.2%	84.5%	83.6%	No statistical variation
Exception rate (number of exceptions).	8.4% (7)	6.5%	6.7%	N/A

Any additional evidence or comments

The QOF indicators changed on the 1st April 2019, this included for mental health related indicators. The practice showed us their unverified data for the current QOF year for mental health which showed performance was demonstrating a broadly improving picture. On the day of inspection, 27 February 2020, the practice had achieved the following:

- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate.
- 77% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months.
- 59% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of body mass index (BMI) in the preceding 12 months.

The practice told us there was a plan on how it would follow up with patients who were due an appropriate review. For example:

- The practice's nurse practitioner had a special interest in mental health and was the lead for those patients.
- The nurse practitioner offered personal liaison with those patients to improve the patient experience and was able to offer longer and more flexible appointments to meet their needs.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549.2	550.5	539.2
Overall QOF score (as a percentage of maximum)	98.3%	98.5%	96.7%
Overall QOF exception reporting (all domains)	5.4%	5.3%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- End of life care audit (January 2019) showed that out of 40 patient deaths, 20 were identified as expected or anticipated. Some areas for improvements were identified. For example, of those 20, four were on the practice's palliative care register, while 11 had a documented do not attempt cardiopulmonary resuscitation (DNACPR) order, and nine had been discussed with the multidisciplinary team (MDT). The practice reviewed its DNACPR process, its palliative care register protocol and its arrangements for end of life care patients to be discussed at a wider MDT meeting. A subsequent audit of the next 40 deaths, a further 21 were expected and of those 21, all had a DNACPR order documented. While 17 were on the palliative care register, the remaining three had instead been read-coded as End of Life care, leading the practice to further confirm its need to be consistent in its coding and use of patient registers.

Effective staffing

The practice was able demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes

Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>On review of the overall practice's training log records, we found:</p> <ul style="list-style-type: none"> • Out of eight GPs working at the practice, two had a full record of completed training. In discussion with other GPs at the practice, we found the GPs were using a different training system to the rest of the practice and were maintaining their training records individually. The practice provided a copy of one such training record for one GP, who we found was fully compliant with the practice's training expectation including modules such as safeguarding children and adults, infection prevention and control, basic life support, fire safety and information governance. • Out of 16 non-clinical staff, three staff had an expired or incomplete training record for basic life support, infection prevention and control, and information governance. By talking with staff, we found not evidence of knowledge gaps in these areas. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) <small>(QoF)</small>	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	98.4%	93.9%	95.0%	Variation (positive)
Exception rate (number of exceptions).	1.0% (22)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: An audit of the practice's minor surgery clinics confirmed all of the 130 procedures it completed in 2019 had consent documented in the patient's records.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection, we witnessed reception staff supporting a patient to use the in-house self-service blood pressure machine in the waiting room. Appropriate guidance on how to use the machine, and how many measurements to take was provided in a kind and respectful manner.</p>	

CQC comments cards	
Total comments cards received.	62
Number of CQC comments received which were positive about the service.	46
Number of comments cards received which were mixed about the service.	16
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	<p>Positive comments confirmed staff treated patients with respect, kindness and compassion. Patients reported they felt looked after, felt they were known personally by the GPs and concerns were listened to.</p> <p>Mixed comments received did not refer to the attitude of staff or how patients were treated at the practice but were related to waiting times for appointments.</p>
Patient Interviews	We spoke with three patients during the inspection who told us they were treated with dignity and felt respected by staff. Patients could request a home visit if required and they were aware of the practice's chaperone policy.
NHS UK website	<p>The practice had received eight patient reviews since August 2018. Of those eight reviews, seven were rated with 5-stars, the remaining review from August 2018 was rated 1-star. The practice had not responded to the reviews to acknowledge or offer an opportunity to discuss their review further.</p> <p>Positive comments relating to how staff treated patients reported friendly and helpful</p>

	<p>staff, who tried hard to make patients' experiences better, such as letting patients know the local pharmacy had shut for the day to save patients wasted trips. Patients reported staff were compassionate and understanding of their needs.</p> <p>Negative comments did not relate to the attitude of staff at the practice.</p>
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National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	86.3%	91.0%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	83.2%	90.2%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	94.9%	96.8%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	79.1%	86.9%	82.9%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence

The practice's most recent Friends and Family Test results, collected between 28 February 2019 to 27 February 2020 showed that out of 563 responses, 91% would recommend the practice to others.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

		Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.		Yes
Staff helped patients and their carers find further information and access community and advocacy services.		Yes
Source	Feedback	
CQC Comment Cards	Positive comments provided by patients confirmed they felt involvement about decisions their care and treatment. Patients said clinical staff explained the options available to them and helped them to make decisions appropriately. Patients felt well-informed about their care and treatment. Mixed comments provided did not refer to patient involvement of care and treatment decisions.	
Patient Interviews	Patients we spoke to during the inspection told us they felt listened to and involved in the decisions about their care and treatment. We were told patients did not feel rushed during their appointments and could ask the GPs and nurses anything.	
NHS UK website	Positive comments relating to patients involvement with their care and treatment reported receiving sound advice and actions to take if symptoms did not improve. Negative comments did not relate to patient involvement of care and treatment decisions.	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	93.4%	95.6%	93.4%	No statistical variation
				Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.				Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.				Yes
Information leaflets were available in other languages and in easy read format.				Yes
Information about support groups was available on the practice website.				Yes
Explanation of any answers and additional evidence: The practice was registered as Veteran Friendly and had access to external organisation specifically designed to support veterans with mental health or rehabilitation needs.				

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 170 patients that were also carers. This represented just under 2% of the practice patient's population.
How the practice supported carers (including young carers).	The practice supported carers with an NHS health check, longer appointments at flexible times and a seasonal flu vaccine. The health checks included information on maintaining good health for carers as well as local and national support groups.
How the practice supported recently bereaved patients.	The practice sent a condolence letter to all recently bereaved patients, offering support or a follow up appointment if required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Well-led

Rating: Requires Improvement

We have rated the practice as Requires Improvement for providing well-led services because:

- The arrangements for identifying, recording and managing risks and implementing mitigating actions were not consistently operated effectively, in relation to monitoring blank prescription stationery, Disclosure and Barring Service checks, and emergency medicine stock.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had a clear vision and set of values that prioritised the care it delivered and maintained continuity of care. Staff were aware of the vision and values and strove to achieve it. However, the practice confirmed, in light of continued demand, inability to recruit new GPs and concerns about clinical staff well-being, its strategy to achieve and maintain its priorities had not been successful. As a result, the practice gave notice in January 2020 of its intention to return its service contract to the local clinical commissioning group (CCG). Both the practice and CCG told us it was working together to identify new ways in which it could work to keep the practice open. Letters to patients, key external stakeholders and a press release had been issued in the days prior to the inspection to inform those parties of the developments at the practice. At the time of the inspection, the practice was due to cease its contract by the end of October 2020.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us it promoted the well-being of staff by arranging social events together. The practice told us its surrounding area had experienced a number of incidents in recent months that had required police involvement. Although these had not taken place inside the practice itself, those involved had included patients of the practice. The practice told us it operated an open door policy for all issues, including those around staff well-being, and staff confirmed that they could raise concerns if they needed to.</p> <p>Our review of the practice's significant events process showed that any patients affected received an honest and timely response when things went wrong.</p>	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff Interviews	Staff we spoke on the day said they felt supported by colleagues, managers and the GPs. Staff had been encouraged to access additional training and development their roles further. Staff said managers and GPs were approachable and there was an open door, no blame culture in the practice. Staff confirmed they could raise concerns at any time and were invited to contribute ideas at meetings.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: There was a governance structure in place and lead roles for different aspects of clinical and general management had been assigned. We found the systems and processes relating to significant events, safety alerts, recruitment, infection prevention and control, medicine management and safeguarding children and vulnerable adult to be effectively implemented.	

Managing risks, issues and performance

There were processes for managing risks, issues and performance but these had not been consistently implemented.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: There was a comprehensive risk management system in place. This included regular health and safety checks of the premises. We saw that the practice had reviewed guidance for the management of COVID-19 and implemented various recommended actions including guidance from Public Health England. These actions were taken to promote the safety of all patients, practice staff and visitors. (COVID-19 is a new illness that can affect lungs and airways, the virus is commonly known as coronavirus). We found the practice had not fully mitigated nor assured itself of other risks associated with: <ul style="list-style-type: none"> • The monitoring of blank prescription stationery: The practice did not have a formal security process nor an effective monitoring system in place which took account of the quantity of blank stationery, the date that stationery was used and to which clinical room the stationery was to be used in. Since inspection, the practice has told us it has revised its monitoring system to maintain better oversight of its prescription stationery. • Disclosure and Barring Service (DBS) checks: The practice had made a decision to not complete DBS checks on all its non-clinical staff. We saw evidence of that decision at a practice meeting in December 2018. However, the practice had not considered the need to complete any associated risk assessments to formalise that decision on existing or newly employed non-clinical staff since. Since the inspection, the practice has provided a copy of a risk assessment template it has since completed for all of its relevant non-clinical staff who had not had a DBS check. 	

- Storage of emergency medicines for quick access: We found the majority of the practice's emergency medicines stored were stored in a locked cupboard separate to its other emergency equipment. As a result, the practice had not considered the risk in time wasted accessing additional cupboards when faced with an emergency situation. We raised this with the practice who agreed for a small stock of all of its emergency medicines to be kept with its initial emergency grab bag to reduce time in accessing potentially life-saving measures.
- In-house stock of the recommended medicine (Atropine) used for coil fitting to prevent low heart rate: The practice carried out a long-lasting contraceptive insertion service (e.g. coils) but on review of its emergency medicines, we found it held no stock of the recommended medicine to prevent a low heart rate on site nor evidence to suggest the practice had risk assessed this decision. We raised this with the practice, who acquired a stock of the recommended medicine from its local pharmacy prior to the end of our inspection and had added it to its emergency medicines stock.
- GP training oversight: We found GPs were using a different online training provider compared to the rest of the practice so when we reviewed the practice's training records we were not assured that all GPs were up to date with their required training. The practice has since provided evidence to show that the training of its GPs was in line with its expectations.

The practice had a business continuity plan in place for major incidents. The practice told us of an incident four months ago when it had lost power due to contractors accidentally disconnecting a power line near the practice. The practice found its business continuity plan was on the whole effective, but GPs were reminded to keep their laptops with them at all times. We saw a significant event had been raised relating to that incident.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making but not in relation to notifying the Care Quality Commission regarding changes at the practice.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	No

Explanation of any answers and additional evidence:
 The responsibility for submitting statutory notifications to CQC lies with the registered manager of a healthcare service. (A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run). During our annual regulatory review of the practice in September 2019, we found the practice had not informed us of any changes to its partnership structure since its initial registration in 2013. Applications to remove the partners who had left the partnership and a statutory notification to add new partners were subsequently submitted. At the time of the inspection, the practice had two partners listed on its CQC registration and it was in the process of submitting the relevant applications to add its four other existing partners to its

registration, subject to the required enhanced DBS checks.
 We had not been informed of the long-term absence of the practice's registered manager due to an unexpected injury via the submission of another statutory notification. (Practices are required to notify CQC of any absence of its registered manager if the absence lasts more than 28 days. Registered managers are accountable for the regulated activities provided by a service, and oversight of those activities is required to be maintained at all times. Practices are then required to notify CQC of its registered manager's return to work date, as and when that occurs). At the time of the inspection, the practice's registered manager was undertaking a phrased return to work.

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
<p>We received feedback from five members of the practice's patient participation group (PPG). We were told the PPG met with the practice regularly and a designated GP attended alongside the assistant practice manager. The PPG confirmed they felt valued by the practice and listened to. The PPG had supported the practice in making changes to overall patient experience, such as improving the practice website and enhancing the wheelchair access at the practice itself.</p> <p>The PPG felt the practice was open and honest with them but were saddened by the practice's decision to return its contract to the CCG. The PPG felt the practice was needed in the local area and was supporting the patients to the best of its ability.</p> <p>The PPG confirmed patient feedback was utilised but awareness about the practice's complaints policy was likely to be known only when a complaint needed to be raised.</p>

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence: Following a research project, one of the practice's health care assistants (HCA) had identified ways to improve the overall running, the safety and the patient experience relating to its flu vaccination clinics. We reviewed the HCA's project documentation, which had been presented to and shared with the relevant members of the practice. The project had resulted in significant changes being made to the clinic which had had a positive impact on all the identified areas for improvement.</p>	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> • Nursing-led project to increase the uptake of shingles vaccine. • Practice Based Small Group Learning for clinically reflective discussions and modular learning opportunities.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.