

Care Quality Commission

Inspection Evidence Table

Dr Parveen Singh Ghatora (1-535106337)

Inspection date: 24 November 2020

Date of data download: 1 December 2020

Overall rating: Good

The practice had previously received a comprehensive inspection in March 2020 when it received an overall rating of inadequate. The safe and well-led domains were rated as inadequate, the effective domain was rated as requires improvement and the caring and responsive domains were rated good. All population groups were rated as requires improvement. The practice was placed in special measures.

We undertook this comprehensive inspection in November 2020 to check that the provider had addressed the concerns identified at the inspection in March 2020 and to determine if they had made enough improvements to be taken out of special measures.

Following our inspection in November 2020, the practice is now rated as good overall. The practice is also rated as good for providing safe, effective, caring and responsive services and for all population groups. However, the service has been rated as requires improvement for well-led services.

The practice has been taken out of special measures.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

At our previous comprehensive inspection in March 2020, the practice received a rating of inadequate for providing safe services. This was because:

- There were insufficient systems for safeguarding children and adults.
- Appropriate recruitment checks had not been undertaken before employing new staff.
- Staff immunisation status was not fully monitored.
- The practice did not have clear systems in place to ensure staff maintained their professional registration.
- Processes to minimise the risk of infection were not always followed.
- Medicines were not always safely managed or monitored.
- The practice did not learn and make improvements when things did not go well.
- Safety alerts were not always received and acted on appropriately.

At this inspection in November 2020, we found improvements had been made and the practice is therefore now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Partial ¹
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our previous inspection in March 2020, we found that not all staff knew who the safeguarding lead was and that effective arrangements were not in place for the follow up of all non-attendance of children to secondary care appointments. At this inspection, all staff knew the safeguarding lead and a clear process was in place for the follow up of children who failed to attend a secondary care appointment. ¹At our previous inspection in March 2020, we found that not all staff had received the appropriate level of safeguarding adults training. At this inspection, most staff had received safeguarding training to the appropriate levels for the role. However, some administrative staff required a higher level of training than they had received. The practice manager confirmed that arrangements were in place to address this. At our previous inspection in March 2020, we found that safeguarding concerns were noted on patient records but there was no register of vulnerable adults and children. At this inspection separate child and adult safeguarding registers were in place, up to date and used by staff. At our previous inspection in March 2020, we found that not all staff had received DBS checks. The practice was unable to provide evidence of DBS checks and no evidence of risk assessments in place in the absence of the DBS checks for a locum GP and a practice nurse on the day of our visit. At this inspection, all staff files we checked had DBS checks in place and were now part of the practice's systems and processes. At our previous inspection in March 2020, we found that the lead GP for safeguarding told us that they did not have regular formal meetings with other professionals to discuss vulnerable patients. However, they also told us that they would contact relevant professionals if they had concerns 	

Safeguarding	Y/N/Partial
about the vulnerability of individual patients. At this inspection, we saw that a multidisciplinary meeting had taken place where vulnerable patients had been discussed.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our previous inspection in March 2020, we found that recruitment files contained gaps in documentation to demonstrate that all appropriate pre-employment checks had taken place. This included references and proof of qualifications. At this inspection, we checked a sample of recruitment files and all appropriate pre-employment checks had taken place and a system was in place to ensure all appropriate pre-employment checks took place before a new staff member was recruited. At our previous inspection in March 2020, we found that some immunisation records were present but not for all staff and not for all recommended diseases, there were no risk assessments in place to support this. The practice manager contacted all staff immediately following our inspection visit to request immunisation status for all recommended diseases. At this inspection, we saw that appropriate immunisation records were recorded for all staff. At our previous inspection in March 2020, we found that the practice did not have systems in place to check and monitor the registration of clinical staff. This included a locum GP and a practice nurse. At this inspection, we saw that clinical registration records had been maintained for all clinical staff. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 22 January 2020	Y
There was a record of equipment calibration. Date of last calibration: 22 January 2020	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: December 2019 (check by external contractor) and weekly checks by practice.	Y
There was a log of fire drills. Date of last drill: 9 September 2019	Y

There was a record of fire alarm checks. Date of last check: 21 July 2020 (check by external contractor) and weekly checks by the practice.	Y
There was a record of fire training for staff. Date of last training: Various.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 27 October 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 1 February 2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 February 2020	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 30 September 2020	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our previous inspection in March 2020, we found that infection control policies did not contain all relevant details and there were no review dates on the policies to demonstrate when they were last reviewed. At this inspection, we found that appropriate infection control policies and procedures were in place and dated. At our previous inspection in March 2020, we found that not all staff had received up to date infection control training and it was not clear whether infection control was incorporated into induction for all new employees. At this inspection, we saw that staff had received infection control training and the induction programme included infection control. Infection control issues were also discussed at staff meetings. 	

- At our previous inspection in March 2020, we found that staff had not completed any infection control audits. At this inspection, we found that a normal of infection control audits had been completed and staff confirmed that they had received excellent support from the clinical commissioning group infection control team to implement infection control improvements in the practice.
- At our previous inspection in March 2020, we found that the premises were clean, but some infection control issues were identified on the day of our visit. These issues included a sharps box not dated when opened, clinical curtains not changed in line with best practice and no purple lidded sharps boxes available for the disposal of cytotoxic medicines. At this inspection, we found no infection control issues and the premises were visibly clean and arrangements were in place to minimise the risk of infection generally and the risk of Covid-19 infection.
- At our previous inspection in March 2020, we found that staff were not clear on who the infection control lead was. At this inspection, all staff knew the infection control lead. The infection control lead had not received additional infection control training but would be attending this when it was next available. This training had not been available due to the Covid-19 pandemic.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: At our previous inspection in March 2020, we found that an informal induction took place for temporary staff, however, there was no formal locum pack to provide all relevant information for locum GPs. This was put in place shortly after our visit. At this inspection, we found that a locum pack was in place, contained appropriate detail and was shared with locums working at the practice.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
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Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in March 2020, we found that a limited process was in place for summarising new patient notes. Staff transferred information regarding cervical screening and vaccinations, but no other information was summarised from patient notes transferred from other practices. We were informed shortly after the visit that a staff member had been identified to improve the level of detail of information summarised. At this inspection, we found that the summarising of records had improved and an additional staff member supported the practice manager in this process.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHS Business Service Authority - NHSBSA)	1.29	0.83	0.82	Variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2019 to 30/09/2020) (NHSBSA)	13.1%	10.6%	8.8%	Tending towards variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets	5.58	5.11	5.34	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
prescribed for uncomplicated urinary tract infection (01/04/2020 to 30/09/2020) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2020 to 30/09/2020) (NHSBSA)	255.5‰	112.9‰	124.1‰	Tending towards variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHSBSA)	1.99	0.66	0.68	Variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y

Medicines management	Y/N/Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our previous inspection in March 2020, we found two opened topical medicines, that had not been dated when opened. These medicines should be dated when opened as they have a limited time period where they remain effective to use when opened. At this inspection, we found no issues in this area. At our previous inspection in March 2020, we found that prescription printer paper security arrangements were not in place. At this inspection, we found that a clear protocol was in place and being followed to ensure the security of prescription printer paper. At our previous inspection in March 2020, we found that some Patient Group Directions (PGDs) were not available on the day of our visit and all others were not correctly authorised. Patient Specific Directions (PSDs) were also not correctly authorised. At this inspection, we examined several PGDs and PSDs and all were correctly authorised. At our previous inspection in March 2020, we found that two patients receiving high risk medicines did not have recorded blood test results within recommended time periods. The practice was in the process of setting up a more effective system to ensure that patients receiving high risk medicines were also receiving appropriate blood monitoring. The practice took immediate action to follow up on the two patients. At this inspection, we found that appropriate processes were in place to ensure appropriate blood monitoring and patient records that we saw confirmed this. At our previous inspection in March 2020, we found that the CCG's clinical pharmacist had completed a review of the practice's antimicrobial prescribing, but the practice had not taken any actions in response to their antimicrobial prescribing figures at the time of our visit. At this inspection, we saw that the practice was working with the CCG medicines management team to improve antimicrobial prescribing figures. We saw recent figures which showed that the practice's antibiotic prescribing had improved and we saw no concerns in this area when reviewing patient records. At our previous inspection in March 2020, we found that the practice held appropriate emergency medicines on its premises but had not completed risk assessments of those medicines not being held. These were completed shortly after our visit. At this inspection, we saw that risk assessments had been completed and mitigated the risk. At our previous inspection in March 2020, we found one out of date vaccine stored in the vaccine fridge and found gaps in the temperature monitoring of the vaccine fridge. The vaccine was destroyed. At this inspection, we did not see any concerns in this area. Staff confirmed that they were now using a data logger to check whether there had been any issues with the vaccine fridge over the weekend prior to administering vaccines at the start of the week. We discussed the practice's use of Pregabalin and Gabapentin. We did not find any concerns regarding this either during discussions or our examination of patient records. We discussed the practice's use of hypnotics. The practice confirmed that they were working with the CCG medicines management team in this area. We did not find any concerns regarding this either during discussions with practice staff or our examination of patient records. The practice had completed an audit of this area which had showed a reduction in the prescribing of hypnotics. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	18
Number of events that required action:	11
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in March 2020, we found that staff were aware of who they needed to raise concerns with, however, there had been only one significant event identified and near misses were not recorded. A system for recording significant events was in place but structured forms were not completed, and the analysis of events and identification of actions was unclear for the event we looked at. There was some discussion of the identified event at a staff meeting but it was not recorded in detail. New significant event templates were introduced immediately after the inspection visit. At this inspection, we found that new significant event templates were being completed by staff and appropriate details were being recorded. Reporting of significant events and near misses had increased and were being analysed and discussed at staff meetings although not all staff were able to give examples of significant events discussed when we spoke with them.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect prescription issued by GP	Discussed with pharmacy, patient and staff to address issue and reduce risk of reoccurrence.
Document scanned onto incorrect patient's notes	Discussed with staff and document put onto correct patient's notes.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in March 2020, we found that the practice manager received safety alerts and distributed them to staff to action. Clinicians reviewed alerts to take action if necessary. However, there was no clear system for logging alerts and noting actions required, staff responsible for taking action and completed dates of when all relevant actions had been completed. A recent alert relating to sodium valproate had not been fully actioned by staff. At this inspection, we found that a clear system for logging alerts, sharing with staff and checking that they had been actioned was now in place. We reviewed some safety alerts and saw that the practice had taken appropriate action in response to them.</p>	

Effective

Rating: Good

At our previous comprehensive inspection in March 2020, the practice received a rating of requires improvement for providing effective services. This was because:

- Clinical audit was limited and no two cycle audits had been completed to demonstrate improvement.
- There was no effective system for monitoring or recording staff training and not all staff received regular appraisals or comprehensive documented inductions.

These requires improvement areas impacted all population groups and so we rated all population groups as requires improvement.

At this inspection in November 2020, we found improvements had been made and the practice is therefore now rated as good for providing effective services and all population groups were also rated as good.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were 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.	Partial ¹
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• ¹The practice had recently implemented a process for ensuring that clinicians were kept up to date with current evidence-based staff. Not all clinicians felt that they had been kept up to date with changes to NICE guidance prior to this.• At our previous inspection in March 2020, we found that two patients receiving high risk medicines did not have recorded blood test results within recommended time periods. At this	

inspection, we reviewed several patient records for patients who were receiving high risk medicines and required regular blood monitoring. We found no concerns in this area.

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 and this was continuing during the Covid-19 pandemic.
- 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

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met and this was continuing during the Covid-19 pandemic. 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.
- The provider specialised in diabetes and cardiovascular medicine and worked two days a week in secondary care at two local hospitals.

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	68.1%	77.9%	76.6%	No statistical variation

RCP questions. (01/04/2019 to 31/03/2020) (QOF)				
PCA* rate (number of PCAs).	4.6% (8)	11.0%	12.3%	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 (01/04/2019 to 31/03/2020) (QOF)	65.4%	88.4%	89.4%	Variation (negative)
PCA rate (number of PCAs).	11.9% (7)	13.8%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	76.8%	83.1%	82.0%	No statistical variation
PCA rate (number of PCAs).	1.8% (1.0)	6.4%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	61.5%	68.6%	66.9%	No statistical variation
PCA rate (number of PCAs).	5.1% (7.0)	14.0%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	77.6%	72.2%	72.4%	No statistical variation
PCA rate (number of PCAs).	2.2% (7.0)	7.4%	7.1%	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 (01/04/2019 to 31/03/2020) (QOF)	89.2%	93.6%	91.8%	No statistical variation
PCA rate (number of PCAs).	5.1% (2)	3.6%	4.9%	N/A

Any additional evidence or comments

- We reviewed the practice's performance regarding the review of patients with COPD. Staff told us that these reviews were usually carried out towards the end of February and in March. This was the time that people were becoming more fearful of attending surgeries due to concerns over Covid-19. Practice staff were working to improve performance in this area, but performance had not improved in this area at the time of our inspection. We did not find any concerns in this area during our review of patient records.

- The lead GP specialised in diabetes and cardiovascular medicine and worked two days a week in secondary care at two local hospitals.

Families, children and young people

Population group rating: Good

Findings

- The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for five of five childhood immunisation uptake indicators. Practice staff had a good knowledge of their patients and the lead GP had been providing care to some families for over 20 years which helped to encourage childhood immunisations uptake.
- 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)	24	24	100.0%	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)	27	27	100.0%	Met 95% WHO based target
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)	27	27	100.0%	Met 95% WHO based target
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)	27	27	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2018 to 31/03/2019) (NHS England)	28	29	96.6%	Met 95% WHO based target

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: 30/06/2020) (Public Health England)	77.2%	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)	73.0%	72.0%	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)	55.9%	62.9%	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 (01/04/2019 to 31/03/2020) (QoF)	0.0%	89.7%	92.7%	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)	61.1%	55.3%	53.8%	No statistical variation

Any additional evidence or comments

- The practice had appropriate arrangements in place to encourage cervical screening uptake which included opportunistic screening. The practice's performance in this area had improved and other information provided to us suggested that the practice would meet this target when it was next measured.
- We reviewed the practice's performance in the area of reviewing the care of patients with a cancer diagnosis within the preceding 15 months. We discussed this staff who felt that this was a coding issue. Unverified figures were provided to us which showed that most patients with a cancer diagnosis within the preceding 15 months had received a review within 6 months of diagnosis. We did not see any concerns in this area during our review of patient records.

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 considered 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.
- The practice reviewed young patients at local residential homes.

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.
- 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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	74.1%	91.1%	85.4%	No statistical variation
PCA rate (number of PCAs).	6.9% (2)	42.2%	16.6%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	25.0%	80.4%	81.4%	Significant Variation (negative)
PCA rate (number of PCAs).	4.8% (1)	9.5%	8.0%	N/A

Any additional evidence or comments

We reviewed the practice's performance in the area of reviewing the care plans of patients with dementia. We discussed this staff who felt that this had been a coding issue. Unverified figures were provided to us which showed that almost all patients with dementia had received a review of their care plan in the preceding 12 months. We did not find any concerns in this area during our review of patient records or discussion with staff.

Monitoring care and treatment

The practice had a 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)	426.19	Not Available	533.9
Overall QOF score (as a percentage of maximum)	76.2%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	4.6%	Not Available	5.9%

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

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

A two-cycle audit of patients prescribed metformin for diabetes had been carried out to identify how many patients had received testing for vitamin B12 deficiency. The original audit showed 49% of patients had been tested, this had improved to 100% for the re-audit of patients. This improvement in testing allowed the practice to identify what actions were necessary to address any deficiencies identified.

A three-cycle audit of patients prescribed zopiclone had been carried out to analyse and reduce or stop the use of zopiclone. The original audit identified 34 patients, the second audit identified 26 patients and the third identified 22 patients. This improvement had resulted from discussion with patients regarding dosage reduction, replacement with a more appropriate medicine or the stopping of zopiclone altogether.

Any additional evidence or comments

At our previous inspection in March 2020, we did not see any evidence of any improvements demonstrated because of clinical audits or other improvement activity. No two-cycle audits were seen. An audit of end of life care had been completed which concluded that the practice was providing a high standard of end of life care. At this inspection, we found that several audits had been completed and

improvements in the quality of care had been made as a result. These audits were all carried out by the provider and nursing staff told us that they had not completed any audits.

Effective staffing

The practice was able to 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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Partial ¹
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection in March 2020, we found that some training completed by some staff was seen but comprehensive training records were not available on the day of inspection to demonstrate that all staff had received all relevant training. The practice had an online training package available, but not all staff were completing this training and not all staff had been added to the system. Staff told us they had not completed all the training required by the provider. At this inspection, we saw that comprehensive training records were now in place and staff completion of training had improved. At our previous inspection in March 2020, we found that some consideration of staff learning, and development needs had taken place but not in a systematic way to ensure that all staff needs were identified. At this inspection we found that staff training, and developments had been considered and systems were in place to identify future training needs. At our previous inspection in March 2020, we found that a limited programme of training and development took place, but it did not cover all staff in a systematic way. At this inspection, we found that a programme of training and development was in place and would be further developed when more training became available. At our previous inspection in March 2020, we found that a comprehensive and documented induction programme was not in place for all staff. At this inspection we saw that an induction programme was now in place. 	

- ¹At our previous inspection in March 2020, we found that some staff had received a form of appraisal but not all staff were receiving regular appraisal or effective oversight of their work, including locum GPs, the practice manager and one of the nurses. At this inspection, we found that appraisals were now taking place but ongoing support for staff and the clinical supervision and oversight of the work of clinicians needed further development to ensure that it was effective and provided sufficient support to staff to continue to improve.

Coordinating care and treatment

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

Indicator	Y/N/Partial
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in March 2020, the lead GP told us that they discussed patients with other health and social care professionals, however, there were no documented regular multidisciplinary meetings to ensure that all patients received coordinated care when different teams and services were involved. At this inspection, we saw that a multidisciplinary meeting had taken place where vulnerable patients had been discussed.</p>	

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection in March 2020, the lead GP told us that they discussed patients with other health and social care professionals, however, there were no documented regular multidisciplinary</p>	

meetings to ensure that all patients received coordinated care when different teams and services were involved. At this inspection, we saw that a multidisciplinary meeting had taken place where vulnerable patients had been discussed.

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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient’s mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection in March 2020, we found that staff did not always obtain written consent for surgical procedures and that audits of consent had not been completed. At this inspection, we found that regular consent audits were taking place and did not see any examples of procedures undertaken without appropriate consent being recorded. 	

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.	Y
Staff displayed understanding and a non-judgmental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards

We were unable to distribute patient comment cards at this inspection due to the Covid-19 pandemic.

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 (01/01/2020 to 31/03/2020)	86.2%	89.6%	88.5%	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 (01/01/2020 to 31/03/2020)	82.0%	88.0%	87.0%	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 (01/01/2020 to 31/03/2020)	97.3%	95.7%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	81.7%	82.2%	81.8%	No statistical variation

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

Any additional evidence
At our previous inspection in March 2020, the practice had not carried out any recent patient survey or feedback exercises. However, staff told us that friends and family test feedback and the national GP patient survey results were reviewed to identify any areas for improvement. Staff also told us that they reviewed any patient comments received through a suggestions box in the reception area. The practice had not completed its own patient survey since our last inspection, however, patients continued to complete the Friends and Family Test, and this reflected 100% of patients would recommend the practice to friends and family (March to November 2020).

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.	Y ¹
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: ¹ Easy read and pictorial materials were available. However, not all staff were aware that these materials were available.	

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 (01/01/2020 to 31/03/2020)	90.7%	94.0%	93.0%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	At our previous inspection in March 2020, we found that 8 carers had been identified which constituted 0.3% of the practice population. Staff felt that this figure was not accurate and would be reviewing this area. At this inspection, 22 carers had been identified which constituted 0.9% of the practice population. Staff told us that there was now a carers champion in place and efforts were continuing to increase the number of carers identified. The practice website encouraged patients to inform staff if they were a carer.
How the practice supported carers (including young carers).	At our previous inspection in March 2020, we found that there was limited formal support for carers. Carers would be offered an annual flu vaccination. However, the practice did not have a carers champion and did not provide carers with a carers pack of useful information. No specific carers support events were held at the practice. A staff member was identified as the carers champion shortly after our visit. At this inspection, a carers champion was in place and information available to carers had improved and a pack had been produced and was also available in the reception area.
How the practice supported recently bereaved patients.	The practice would call and/or visit and send cards to recently bereaved patients. Staff would also provide patients with information of bereavement support groups.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Partial ¹
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> ¹At our previous inspection in March 2020, we found that the practice did not have a hearing loop to support patients with a hearing impairment. At this inspection, we found that a hearing loop was not in place. We discussed this with staff who told us that the issue was to be discussed with the practice's patient participation group to identify whether they felt there was a need for this equipment at the practice. Due to the Covid pandemic, additional measures had been put in place in the reception area to minimise the risk of infection. These measures would make it more difficult for patients with a hearing impairment to communicate with staff especially with no hearing loop in place. At our previous inspection in March 2020, we found that not all staff knew how to access translation services if required. Information was made available to staff immediately after the inspection visit. At this inspection, we found that all staff knew how to access translation services if required. During the Covid-19 pandemic, the practice operated a telephone triage service and patients attended the practice for face-to-face appointments where appropriate. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 1.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Appointments available:	
Monday	Various times depending on clinician within opening hours.
Tuesday	Various times depending on clinician within opening hours.

Wednesday	Various times depending on clinician within opening hours.
Thursday	Various times depending on clinician within opening hours.
Friday	Various times depending on clinician within opening hours.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available outside school hours for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-booked evening appointments were available Monday to Friday at other GP practices as part of a local extended access scheme. Saturday and Sunday morning appointments were also available as part of this scheme.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- The practice held a register of patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Explanation of any answers and additional evidence:

At our previous inspection in March 2020, we found that the practice performed significantly lower than local and national averages in the area of patients getting through to someone at their practice by phone. The practice had not taken specific action to improve their performance in this area. The practice contacted their telephone provider shortly after the inspection to identify any information they could use to improve performance in this area. At this inspection, we saw that the practice performance had improved and was now in line with local and national averages.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at	57.8%	N/A	65.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
their GP practice on the phone (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	61.1%	65.4%	65.5%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	60.7%	60.3%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	78.2%	72.1%	72.7%	No statistical variation

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection in March 2020, reception staff told us that they would provide support to patients to make a complaint if requested. Information on making a complaint was available on the practice website but not in the reception area. This was addressed shortly after our inspection visit. At this inspection, we saw that information on making a complaint was available in the reception area. At our previous inspection in March 2020, the practice response to the complaint we examined was prompt and appropriate but did not refer to the patient's right to contact NHS England and the Parliamentary and Health Service Ombudsman. New complaint letter templates were introduced immediately after the inspection visit. 	

Example of learning from complaints.

Complaint	Specific action taken
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Complaint regarding staff member's behaviour towards patient's carer	Apology given and discussion with staff member.
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Well-led

Rating: Requires improvement

At our previous comprehensive inspection in March 2020, the practice received a rating of inadequate for providing well-led services. This was because:

- The delivery of high-quality care was not assured by the leadership, governance or culture in place.

At this inspection in November 2020, we found that improvements had been made and more effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care.

Staff generally felt supported, however raised concerns regarding the culture at the practice and found it difficult to raise concerns or issues with all leaders.

The practice is therefore now rated as requires improvement for providing well-led services.

Leadership capacity and capability

Not all leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our previous inspection in March 2020, we found that leaders had identified several of the challenges to quality and sustainability that the practice faced. However, other challenges were identified during that inspection which had not previously identified and addressed by practice leaders. At this inspection, we found that challenges to quality had been identified and actions were being considered to ensure the sustainability of the practice. However, a number of staff stated that although leaders were visible, not all were approachable. This had led to a lack of confidence that sustainable succession planning was achievable. 	

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.	Y

There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

Culture

The practice culture did not fully support high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Partial
There was a strong emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> At our previous inspection in March 2020, the practice's speaking up policy did not have specific contact details of bodies to contact which included a freedom to speak up guardian. This was addressed shortly after our inspection visit. At this inspection we found that the policy now contained these details. However, some staff raised concerns regarding the culture at the practice and found it difficult to raise concerns or issues with all leaders. 	

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

Source	Feedback
Staff interviews	Staff felt that the quality of care provided by the practice had improved since the last inspection and many improvements had been put in place, they were positive regarding the support they received from the practice manager. Not all staff felt the same level of support from the clinical leadership and despite providing feedback on sustainability and improvement of service they had not felt listened

	to, for example, in relation to improving the availability of appointments and supporting clinical supervision.
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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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection in March 2020, we found that governance structures and systems were in place but were not effective. A range of concerns were identified during this inspection which had not been identified and addressed by the practice's governance arrangements. At this inspection we found that improved systems were in place to support good governance. At our previous inspection in March 2020, we found that staff were not always clear on which staff member had a lead role, for example, the infection control and safeguarding leads. At this inspection, we found that staff were clear about their own roles and which staff member had a lead role. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection in March 2020, we found that assurance systems were not effective. At this inspection we found that assurance systems were now effective. At our previous inspection in March 2020, we found that performance processes were not used to hold staff to account. At this inspection we found that clear processes around performance were in place. At our previous inspection in March 2020, we found that there was a programme of audit, but it was not comprehensive or effective. At this inspection, we found that a greater number of audits were taking place to identify areas for improvement. 	

- At our previous inspection in March 2020, we found that arrangements for identifying, managing and mitigating risk were not effective as demonstrated by the range of concerns identified at our inspection. At this inspection, risk management processes were improved and identifying and mitigating risk.
- At our previous inspection in March 2020, we found that a business continuity plan was put in place immediately after our inspection visit. At this inspection, a business continuity plan was in place.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: At our previous inspection in March 2020, Data was available but had not been used proactively to improve performance in several clinical areas which were not in line with local and national averages, specifically some medicines indicators. At this inspection, data was being used to improve performance, although some coding issues required review.	

If the practice offered online services:

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

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.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback

The practice's group had a range of experienced members who met regularly. Members felt supportive of the practice and felt that all staff had worked hard to improve since the last inspection. The group felt listened to by the practice and felt that the relationship with the practice was positive. The group were keen to continue to work with the practice in the future to support further improvement.

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At our previous inspection in March 2020, we found limited quality improvement work taking place. At this inspection, we found regular quality improvement work had taken place and a programme was in place to continue this in the future. At our previous inspection in March 2020, we found that there was limited recording of, and learning from, significant events and near misses. At this inspection, we found an increased level of reporting of significant events and near misses, improved analysis and learning and greater discussion of these events with staff. 	

Examples of continuous learning and improvement

At our previous inspection in March 2020, we found limited evidence of continuous learning and improvement. Limited audits taking place and no two-cycle audits to demonstrate improvements made. At this inspection, we found that staff had acted in response to the concerns we had identified at the previous inspection. Effective systems were in place which were leading to improved learning from significant events, complaints and audits.

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 practice's 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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- ‰ = per thousand.