

Care Quality Commission

Inspection Evidence Table

The Manor Street Surgery (1-539567468)

Inspection date: 8 – 10 December 2020

Date of data download: 20 November 2020

Overall rating: Inadequate

The practice has been rated inadequate overall because:

- Systems to manage medicines safely were ineffective. This included those on high-risk medicines and those with asthma.
- The system to manage patients on repeat medicines was ineffective and documentation of completed medicine reviews lacked detail.
- Low numbers of care plans were in place for patients in vulnerable groups such as those with a learning disability, carers and those with a diagnosis of dementia or cancer.
- Concerns raised at the August 2019 inspection regarding oversight of non-medical prescribers had not been addressed by the practice and there was not a system in place at the time of inspection.

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

Safe

Rating: Inadequate

At the August 2019 inspection we rated the practice as requires improvement for providing safe services because:

- The practice's systems and processes to keep people safe were not always comprehensive.
- The practice did not maintain a record of staff immunisations.
- Water checks to mitigate the risk of legionella were not consistently completed (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- Patient Group Directions, that authorised non-prescribing staff to give medicines such as vaccinations, were not signed by the appropriate clinician.
- The process for maintaining oversight of advanced practitioners by completing specific audits of their prescribing and consulting practice was not in place.

At the December 2020 inspection we found:

- The system to manage high-risk medicines was ineffective and we saw evidence of patients who had not received the appropriate blood tests prior to prescribing. Following the inspection, the practice told us that they had contacted all affected patients and had arranged monitoring appointments.
- Clinical records we checked showed that patients diagnosed with asthma with high use of short-acting inhalers, did not have the appropriate actions or follow up. Following the inspection, the practice told us they had contacted all affected patients and booked appointments for asthma reviews by the end of January 2021.
- There was no monitoring of routine referrals to ensure appointments had been booked or attended.
- The practice had a cleaning schedule in place for the building, including carpeted areas, and non-single use equipment however these schedules were not signed to ensure cleaning had been completed.
- We looked at three recruitment files for new members of staff and saw that evidence of previous work performance was not in place when they commenced in their roles at the practice.

Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse, however, was not able to provide evidence that nurses had received level three safeguarding training.

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.	Y
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
Explanation of any answers and additional evidence: At the August 2019 inspection we found:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> Not all nursing staff had completed level three safeguarding training as recommended within the Intercollegiate guidance on safeguarding competencies published in August 2018 (adult safeguarding) and January 2019 (child safeguarding). <p>At the December 2020 inspection we found:</p> <ul style="list-style-type: none"> Staff we spoke with were able to demonstrate understanding of safeguarding processes and most staff had completed safeguarding training relevant to their role. However, the practice was unable to provide evidence that the nursing staff had completed level three safeguarding training. The practice told us this training had been completed but due to a change in online training providers they were unable to access the certificates. Shortly following the inspection, the practice provided evidence that this training had been completed. We saw that safeguarding concerns were discussed at weekly partners' meetings. We also saw that the practice was aware of the increased risk of domestic safeguarding concerns during the national lockdowns in place during the COVID-19 pandemic. Staff were aware of safeguarding process and aware how to escalate concerns. 	

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> <p>At the August 2019 inspection we found:</p> <ul style="list-style-type: none"> A full record of staff immunisations was not held. <p>At the December 2020 inspection we found:</p> <ul style="list-style-type: none"> The practice held a full record of staff immunisations and maintained oversight of this. New staff were asked to complete their immunisation history at induction. The practice had a recruitment policy and induction plans in place. We saw new members of staff had completed this induction plan. 	

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: 25 July 2019	Y
There was a record of equipment calibration. Date of last calibration: 28 August 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: 20 November 2020	Y
There was a log of fire drills. Date of last drill: 06 November 2020	Y
There was a record of fire alarm checks. Date of last check: 01 December 2020	Y
There was a record of fire training for staff. Date of last training: Ongoing	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 01/02/2020	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice fire risk assessment was conducted annually. We saw that actions, such as all staff receiving fire training and emergency lighting being tested monthly were completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 7 April 2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 7 April 2020	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the August 2019 inspection we found:</p> <ul style="list-style-type: none"> Water temperatures to mitigate the risk of legionella were not consistently conducted. <p>At the December 2020 inspection we found:</p> <ul style="list-style-type: none"> The practice had employed an external agency to complete a legionella risk assessment in August 2019. We saw that remedial actions had been taken to mitigate the risk of legionella. The practice conducted regular flushing of outlets and water temperatures were taken monthly. We saw that water temperatures were not taken during the national lockdown due to COVID-19 however, the practice told us they monitored their own water temperatures during this time. We saw that actions from the health and safety risk assessment had been completed, such as ensuring gas and electric certificates were in place. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met however, cleaning schedules were not signed to ensure cleaning had been completed.

	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: July 2019	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.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the August 2019 inspection we found:</p> <ul style="list-style-type: none"> Fabric chairs were in place. The practice told us that these were replaced when they became visibly dirty or stained. During the inspection, the practice decided to replace these chairs with wipe-clean chairs. Carpeted areas within consultation rooms did not have a cleaning schedule in place. Treatment rooms had wipe-clean floors. <p>At the December 2020 inspection we found:</p> <ul style="list-style-type: none"> All fabric chairs had been replaced with wipe-clean chairs. The practice had a cleaning schedule in place for the building, which included carpeted areas. However, these schedules were not signed to evidence cleaning had been completed. The practice was visibly clean and tidy. The practice had conducted regular cleaning checks of the high-use areas of the practice such as door handles. The cleaning policy stated that all non-single use equipment was to be cleaned after each patient use. Clinical staff we spoke with were aware of this and told us equipment was cleaned regularly however, there was no evidence or log to give assurance that this had been completed. The Infection Prevention and Control (IPC) policy did not include details of how to escalate notifiable diseases to Public Health England however, there was an effective system in place. 	

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: <ul style="list-style-type: none">The practice had a policy regarding the escalation of acutely unwell patients. This included symptoms that receptionists need to be aware of for urgent escalation.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment however, there was no system in place to monitor routine referrals to other services.

	Y/N/Partial
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.	Partial
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.	Partial
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 the August 2019 inspection we found:</p> <ul style="list-style-type: none"> There was no monitoring of referrals to ensure that patients booked and attended appointments within secondary care. Following the inspection, we were told that a system had been put in place to ensure these were appropriately followed up. <p>At the December 2020 inspection we found:</p> <ul style="list-style-type: none"> There was a system to ensure patients referred using the two-week wait process for a suspected cancer diagnosis were followed up and appointments were made and attended, however, there was no system in place for patients referred routinely. The practice told us there was a small backlog of new patient records to be summarised. We saw that the majority of information was transferred electronically, and any safeguarding or medicines information was transferred without delay. 	

Appropriate and safe use of medicines

The practice had some systems for the appropriate and safe use of medicines, including medicines optimisation however, we saw that high-risk drugs were not consistently monitored and medicine reviews lacked detail.

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)	0.62	1.08	0.82	Tending towards variation (positive)
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)	8.2%	16.8%	8.8%	No statistical variation
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 prescribed for uncomplicated urinary tract	5.05	7.71	5.34	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
infection (01/04/2020 to 30/09/2020) (NHSBSA)				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2020 to 30/06/2020) (NHSBSA)	58.6‰	155.7‰	123.5‰	Tending towards variation (positive)
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)	0.34	1.72	493.99	Tending towards variation (positive)

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
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	N
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.	N
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

Medicines management	Y/N/Partial
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
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> <p>At the August 2019 inspection we found:</p> <ul style="list-style-type: none"> • Patient Group Directions (PGD's) that allow non-prescribing clinicians to give medicines, such as vaccines, were not authorised by an appropriate clinician. • There was no specific audits of prescribing or consultation practices of advanced practitioners, such as non-medical prescribers. <p>At the December 2020 inspection we found:</p> <ul style="list-style-type: none"> • PGD's and Patient Specific Directions were authorised by an appropriate clinician and signed by the relevant clinical staff. • The practice had not conducted any specific audits of prescribing or consultation practices for non-medical prescribers. The practice began to set up a programme to complete this during the inspection. Nursing staff told us that, during the COVID-19 pandemic, much of the prescribing that was conducted was via the telephone and GPs had oversight of all prescriptions completed in this way. • We saw that not all patients on repeat medicines had received an appropriate medicines review. Clinical records we looked at showed that medicine reviews that had been completed lacked detail as to what the review entailed and that this had been discussed with the patient or carer. The medicine review policy was brief and did not include details of when and how to conduct these reviews. Following the inspection, the practice told us they had reviewed this policy. • The process used to ensure appropriate monitoring of high-risk medicines was ineffective. We saw that 106 of the 930 patients on medicines to treat high blood pressure and heart failure had not had the appropriate blood testing prior to prescribing. We saw that 132 of the 270 patients on anticoagulation medicine had not had appropriate blood testing prior to prescribing. Following the inspection, we were told that the practice had contacted all relevant patients and monitoring appointments had been booked. • The practice had lower than average rates of antibiotic prescribing. • The practice had conducted a risk assessment to determine which emergency medicines were held at the practice. This took into account the relevant guidance and the location of the practice in regard to the nearest urgent care facility. We saw that emergency medicines were checked monthly. • Clinical records we looked at showed that no action was taken for patients diagnosed with asthma who had frequent use of short-acting inhalers, indicating that the asthma was poorly controlled. We found that 14 patients had high use of these inhalers and no action had been taken to review these patients. Following the inspection, the practice told us they had booked all affected patients in for review before the end of January 2021. 	

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:	Six
Number of events that required action:	Six
Explanation of any answers and additional evidence: We saw evidence that significant events were discussed in weekly partners meetings. We saw that relevant actions were taken and shared with staff.	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
The fridge that stored vaccinations was noted to have a temperature that was outside of the recommended range.	Due to the data logger also being ineffective, it was discovered that the fridge had been outside of the recommended range for 48 hours. No patients had received vaccinations within this time. The vaccinations were disposed of in line with Public Health England guidance. The fridge and data logger were replaced. The practice invested in technology that links the data logger with the practice mobile telephone so instant action can be taken if the fridge temperature drops.
The practice recorded a 'near-miss' data breach where information was given to a patient without asking for identification. There was no breach of confidentiality.	This was shared with staff and they were reminded to always check for identification when giving out documents. All staff re-completed confidentiality training.

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
Explanation of any answers and additional evidence: Patient safety alerts were a standing agenda item at weekly clinical meetings. Staff we spoke understood how to manage safety alerts. We saw examples of actions taken on recent alerts for example, regarding sodium valproate.	

Effective

Rating: Inadequate

We rated the practice as Inadequate for providing effective care because:

- There was no consistent monitoring of repeat medicines. For medicine reviews that had been completed, there was no associated documentation to detail what the review had entailed or conversations with patients or carers. Following the inspection, the practice told us they had reviewed the policy for completing medicine reviews.
- Low numbers of care plans were in place for vulnerable patients such as those with a learning disability, dementia or a cancer diagnosis. The practice told us this was due to reduction in face to face contacts during the COVID-19 pandemic and they had plans to review all patients with a learning disability in January 2021.
- Oversight of non-medical prescribers was lacking, and the practice did not conduct specific audits of their consultation and prescribing practices.

These concerns affected all population groups and therefore they have all been rated as inadequate.

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. However, patient care and medicines were not regularly reviewed.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
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.	N
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.	Partial
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:	

- Records we looked at showed that patients with long-term conditions such as those with a learning disability, a diagnosis of cancer or dementia had not been consistently reviewed in the last twelve months and did not have care plans in place. The practice told us that this was due to the COVID-19 pandemic and that these vulnerable patients were not able to attend the practice. The practice had plans to review all patients with a learning disability in the coming months. Following the inspection, the practice told us they had employed a member of staff to ensure all long-term condition reviews are completed.
- We saw that medicines on repeat prescriptions were not consistently reviewed prior to prescribing. Records we looked at showed that approximately 200 patients had not received a medicine review in the last 15 months.

Older people

Population group rating: Inadequate

Findings

- The concerns found affect all population groups and therefore they have all been rated as inadequate however, we did find areas of good practice.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty.
- 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. Prior to the COVID-19 pandemic, patients who were discharged to a care home were offered a face to face review. This is now conducted virtually.
- The practice did not consistently carry out structured annual medication reviews for older patients. We saw that approximately 200 patients had not received a medicine review in the last 15 months. The medicine reviews that had been completed lacked detail of actions taken or conversations with the patient or carer. We saw the medicine review policy was brief and did not include detail of when and how reviews should be conducted. Following the inspection, the practice told us that they had reviewed this policy.
- 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. However, we noted that only 2 healthchecks had been completed for patients over the age of 75 in the last year.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Inadequate

Findings

- The concerns found affect all population groups and therefore they have all been rated as inadequate however, we did find areas of good practice.
- The practice told us that patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However, we saw that not all eligible patients had received a medicines review. The clinical records for those who had received a review was brief and did not detail actions taken or any conversations with patients or carers.
- Records we looked at showed that patients with long-term conditions such as those with a learning disability, a diagnosis of cancer or dementia did not consistently have care plans in place.
- 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.
- 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. This was currently paused due to the COVID-19 pandemic in line with Public Health England guidance.
- 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. However, we found that high use of short acting inhalers was not acted on.

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. (01/04/2019 to 31/03/2020) (QOF)	76.6%	94.1%	76.6%	No statistical variation
PCA* rate (number of PCAs).	34.4% (246)	42.0%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an	90.6%	100.0%	89.4%	No statistical variation

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)				
PCA rate (number of PCAs).	33.8% (27)	52.6%	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)	72.2%	93.8%	82.0%	Tending towards variation (negative)
PCA rate (number of PCAs).	2.9% (5.0)	No Data!	No Data	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)	71.6%	85.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	25.5% (65.0)	No Data!	No Data	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)	66.7%	86.9%	72.4%	No statistical variation
PCA rate (number of PCAs).	3.6% (33.0)	No Data!	No Data	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)	91.5%	100.0%	91.8%	No statistical variation
PCA rate (number of PCAs).	3.5% (8)	18.6%	4.9%	N/A

Any additional evidence or comments

The practice was aware of the lower than average percentages of reviews completed, such as for patients with asthma. They told us this was due to the COVID-19 pandemic, the reduction in face to face contact with patients and the reticence of patients to attend the practice.

Families, children and young people

Population group rating: Inadequate

Findings

- The concerns found affect all population groups and therefore they have all been rated as inadequate however, we did find areas of good practice.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had not met the minimum 90% for one of four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of four childhood immunisation uptake indicators. The practice sent letters to those who had not attended appointments. They told us during the inspection that they were also considering adding a telephone call to how these families are followed up.
- The practice had arrangements for following up failed attendance of children's appointments, including within secondary care or for immunisation. This was done by writing to patients. We saw evidence of liaison 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)	100	113	88.5%	Below 90% minimum
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)	128	134	95.5%	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)	129	134	96.3%	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)	128	134	95.5%	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: Inadequate

Findings

- The concerns found affect all population groups and therefore they have all been rated as Inadequate however, we did find areas of good practice.
- 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: 31/03/2020) (Public Health England)	79.2%	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)	73.7%	82.0%	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)	62.3%	67.9%	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)	97.62%	100.0%	100.0%	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)	50.0%	75.0%	53.8%	No statistical variation

Any additional evidence or comments

The practice told us that there was good uptake of cervical screening appointments. Patients were sent letters from Public Health England and the practice to remind them to attend. The practice sent each patient three letters annually.

The practice told us they did not have a system in place to track results and ensure they had been received. They told us that patients took on this responsibility and were encouraged to let the practice know if they had not received a result.

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

- The concerns found affect all population groups and therefore they have all been rated as inadequate however, we did find areas of good practice.
- Same day appointments and longer appointments were offered when required.
- The practice told us that all patients with a learning disability were offered an annual health check and there was a register of patients living with a learning disability. We saw that none of these patients had received reviews in the last twelve months. The practice told us that this was due to reduced activity during the COVID-19 pandemic and they had plans to review all patients with a learning disability in the coming months.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We saw that palliative patients were discussed with the practice team to ensure needs were met. Patient deaths were also discussed to ensure that any learning was shared.
- We saw that all palliative patients had received a review in the last twelve months, however, records we looked at showed that not all patient records had a documented resuscitation status. We also saw that only three patients with a diagnosis of cancer had received a review in the last twelve months.
- 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 gave examples of how they managed patients who requested prescriptions more frequently than recommended.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Inadequate

Findings

- The concerns found affect all population groups and therefore they have all been rated as inadequate however, we did find areas of good practice.
- 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.
- The practice had identified 69 patients diagnosed with dementia however, only two of these had received a review in the last twelve months. The practice told us that this was due to reduced appointment capacity within the COVID-19 pandemic.
- 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 clinical staff had received dementia training in the last 12 months.

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) (QOF)	100.0%	100.0%	85.4%	Variation (positive)
PCA rate (number of PCAs).	50.9% (27)	50.9%	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) (QOF)	79.2%	100.0%	81.4%	No statistical variation
PCA rate (number of PCAs).	12.2% (10)	20.0%	8.0%	N/A

Monitoring care and treatment

The practice had a programme of quality improvement activity. However, improvements were required.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549.6	Not Available	533.9
Overall QOF score (as a percentage of maximum)	98.3%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	8.1%	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.	Partial
Quality improvement activity was targeted at the areas where there were concerns.	Partial
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

<p>We saw evidence that the practice conducted regular audits including cleaning and handwashing spot-checks.</p> <p>The practice had conducted a two-cycle audit regarding the use of a medicine to improve bone density. The practice reviewed all patients on this medication, provided education sessions to clinical staff and ensured all prescriptions had 'stop dates' to ensure patients were taking the medicine longer than necessary. At the repeat audit, the practice saw improvements in the prescribing of this medicine.</p> <p>The practice had also conducted an audit of how non-medical staff were managing practice correspondence. This is conducted annually and fed back to staff at the relevant meetings. We saw that the system to manage correspondence was effective.</p> <p>The practice had not identified concerns regarding medicine management, high-risk medicines or repeat prescribing and quality improvement activity was lacking in this area.</p>

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles however, there was no oversight of non-medical prescribers.

	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
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
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"> The practice did not maintain formal oversight of advanced practitioners however, we were told there were informal opportunities to discuss patient care. We saw that there was a system of appraisals in place that allowed staff to raise concerns, discuss training needs and set objectives. Staff told us this was a supportive process. 	

Coordinating care and treatment

Staff worked work 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

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

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: The practice had procedure in place to make best interest decisions if a patient lacked capacity. Staff we spoke with understood how to record consent and gave examples of where consent had been removed and procedures discontinued.	

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-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Source	Feedback
Patient Participation Group Feedback	Positive feedback was given regarding the care and compassion received from both clinical and non-clinical staff.
The NHS Website	The practice had received three reviews in the last year. These were all positive regarding the care received. They report that staff are friendly, and clinicians take time to listen to them.
Care home feedback	We spoke to the care home aligned to the practice and received positive feedback regarding the care and compassion shown to their residents.

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)	88.7%	97.9%	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)	85.7%	97.9%	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)	97.9%	100.0%	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)	88.5%	98.2%	81.8%	No statistical variation

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

Any additional evidence
The practice used text messaging to contact patients after their appointments to give feedback on their care. We saw that 96% of patients would recommend the practice. All responses were reviewed by the practice manager.

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
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had pictorial and easy read documents available for those with differing communication needs. The practice had set up a specific clinic once a week to allow patients an opportunity to discuss any correspondence they have received, particularly from secondary care, to ensure understanding.</p> <p>The practice had considered how the use of face coverings during the COVID-19 pandemic would affect communication with those with hearing impediments. They had ensured visors and screens were in place to ensure these patients were able to lip-read where necessary.</p>	

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)	96.8%	100.0%	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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 251 patients as carers, which equated to 2% of their practice population.
How the practice supported carers (including young carers).	The practice had two carers champions. Before the COVID-19 pandemic, the practice ran regular carers coffee mornings. The practice offered carers healthchecks, however only 71 of these carers had received a review in the last twelve months. The practice also had a support pack in place for carers.
How the practice supported recently bereaved patients.	All patient deaths were discussed at the weekly partners meeting. Support was then offered to the family from the most appropriate person who knew the family best. The practice had also developed a bereavement pack with collaboration from undertakers with local resources and support.

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: The practice had identified that the reception area was small, and confidentiality was sometimes difficult to maintain. They had developed confidentiality slips to allow patients to write their concerns down to prevent overhearing.	

If the practice offered online services:

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

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.	Y
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"> We saw that appointment availability was discussed at weekly partners meetings. The practice identified if there were long waits for the next available appointment and utilized extra locum staff if needed. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7am – 8pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
	8am – 6.30pm
Appointments available:	
Monday – Friday	Telephone and video consultations, on-the-day and pre-bookable appointments.

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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment. Where this is not possible due to clinician specialty, appointments were aligned to ensure patients did not have to visit the practice more than once.
- 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

- Nurse and GP appointments were available outside of school hours.
- 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.
- During the COVID-19 pandemic, the practice identified gaps in the system to support pregnant women that were seen in secondary care. They had improved communication pathways with local hospitals to ensure that patients receive the care they need, and pregnant women are highlighted on clinical records. The practice also developed a pregnancy resource pack to signpost patients to additional support.

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.
- The practice offered extended hours on a Monday. They also hold clinics on a Saturday morning once a month. The practice website gives information for out of hours services and local walk-in clinics.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those 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

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 their GP practice on the phone (01/01/2020 to 31/03/2020)	90.7%	N/A	65.2%	Significant Variation (positive)
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)	72.4%	97.3%	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)	66.9%	92.4%	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)	73.1%	94.3%	72.7%	No statistical variation

Source	Feedback
The NHS website	The reviews within the last year were positive regarding accessibility into the service. They report that urgent appointments are available and that prescription requests were dealt with quickly.
Care Home feedback	We spoke with staff from the care home that was aligned to the practice and they gave positive feedback regarding access to the practice. They reported that a dedicated e-mail address had been set up to ensure the practice can always contact the GP. They also told us they had access to home visits, telephone and video consultations.

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.	6
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"> The practice had a complaints policy and patient leaflet in place with details for escalation to the Parliamentary and Health Service Ombudsman. We saw that all complaints were discussed at partners meetings and learning was shared with the staff team. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient arrived early for their appointment during the COVID-19 pandemic. There was miscommunication between the reception and clinical staff causing confusion.	The practice discussed this at the practice meetings and a process was put in place to manage patients who arrived early for their appointments. The practice contacted the patient to explain the process and a home visit was offered.
A pregnant woman was not given a flu vaccine.	The practice reviewed the system to record pregnancy in women on clinical records. At the time of the complaint, the practice also did not have a stock of vaccinations. The practice contacted the patient to explain the situation and they were referred to the midwife for a vaccination.

Well-led

Rating: Inadequate

The practice is rated as Inadequate for providing well-led services because:

- The practice systems to ensure clinical governance was ineffective.
- The practice systems for safe medicine management was ineffective, particularly for patients diagnosed with asthma, those on repeat medicines and high-risk medicines.
- The practice had some plans in place to complete care plans for those with a learning disability however, this did not extend to all vulnerable groups.
- Some concerns raised at the August 2019 inspection in relation to oversight of non-medical prescribers, had not been addressed by the practice.

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.	Y
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff we spoke with told us the practice was pro-active with career development and they were encouraged to improve their skills and progress.• The practice was aware of some of the back log regarding the monitoring of high-risk medicines and had an action plan in place to manage this. We were told that the practice had previously been up to five years behind with this drug monitoring and they were running frequent searches of their clinical system to reduce this backlog and invite patients into the practice based on how long it had been since their last blood test. Following the inspection, the practice told us that all patients with overdue monitoring had been contacted and appointments booked for review.	

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: <ul style="list-style-type: none">• The practice had developed a five-year improvement plan that included succession planning and improvements needed to the clinical space at the practice. This plan had been discussed at the partners meeting and shared with the staff.• This improvement plan was reviewed and progress monitored regularly within the partners meetings.• Staff we spoke with told us that they felt involved and engaged with practice improvements. They told us that their suggestions for improvements were taken on board.	

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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
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"> The practice had a whistleblowing policy in place that included information for local Freedom to Speak Up guardians. Staff we spoke with told us they felt supported by the practice management team and they were comfortable to raise concerns and confident they would be dealt with. 	

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

Source	Feedback
Staff Interviews	The staff we spoke with told us that the management teams were supportive and they felt involved in practice improvements. They told us they had been a commitment to staff well-being during the COVID-19 pandemic. They told us they were proud to work at the practice and the service they provided.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management however, not all previous concerns had been addressed by the practice.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	N
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">• The practice had not addressed concerns raised at the August 2019 inspection. This included oversight of non-medical prescribers and monitoring of referrals.• The overall clinical governance of the practice was ineffective and quality improvement around medicine management was lacking.	

Managing risks, issues and performance

The practice had some processes for managing risks, issues and performance however, not all clinical concerns were being managed.

	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.	Partial
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">The practice was aware of the backlog of some high-risk medicine monitoring and had an action plan to address this concern. However, the practice was not aware of concerns around asthma inhaler usage or the lack of medicine reviews. Following the inspection, the practice told us that all patients with overdue blood monitoring and high inhaler usage had been booked appointments.	

Appropriate and accurate information

There are some systems in place to manage risks however, they are not always effective.

	Y/N/Partial
Staff used data to adjust and improve performance.	Partial
Performance information was used to hold staff and management to account.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">The practice conducted regular searches of their clinical systems to identify patients that required particular action, such as blood testing. However, not all information was acted on, for example, where patients with asthma had high use of short-acting inhalers.The practice did not conduct formal audits of consultation or prescribing practice for non-medical prescribers however, we saw that there was opportunity for informal discussion.	

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

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: <ul style="list-style-type: none">The practice Patient Participation Group (PPG) met quarterly. This had been moved online during the COVID-19 pandemic.	

Feedback from Patient Participation Group.

Feedback
The PPG told us that the move to online meetings had enabled those with mobility limitations to attend the meetings. They told us the practice responded to concerns raised, they were involved in patient feedback surveys and produced a quarterly newsletter. The PPG told us they felt they could be more involved in practice developments however, this had been difficult during the COVID-19 pandemic.

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.	Partial
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had conducted improvement activity to improve the service available to patients. We saw examples of where gaps within the midwifery service for pregnant women was identified and communication improved.The practice had made the relevant changes to ensure patient safety during the COVID-19 pandemic. For example, drive through clinics for flu vaccination and implementing a secure clinical photography system.The practice had invested in a spoken text message function within their messaging to ensure that patients with hearing difficulties were able to receive communications from the practice.	

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.
- *PCA:** Personalised Care Adjustment. (see [GMS QOF Framework](#)).
- %** = per thousand.