

Care Quality Commission

Inspection Evidence Table

Church Lane Surgery (1-3608108539)

Inspection date: 2 December 2020

Date of data download: 29 October 2020

Overall rating: Good

This inspection was to follow up on breaches of regulations identified at a previous inspection in November 2019. At that inspection, we rated the practice as requires improvement overall, with a rating of good for safe and well led services. All population groups were rated as requires improvement, however the population group with people with long term conditions remained inadequate.

At the most recent inspection, we rated the practice as good overall, with a rating of requires improvement for responsive. We found medicines management systems were good overall, however systems to review diabetes test results and subsequent coding and recalling patients required strengthening. We acknowledged that the practice had taken immediate action to review patients identified.

All population groups in the responsive domain were rated as requires improvement as patient satisfaction regarding making and accessing appointments was still below local and national averages. We acknowledged the practice had continued to take steps to improve since the last inspection, and local surveys reflected signs of continual improvement, the changes had yet to have a significant positive impact on patients being able to access care and treatment in a timely way .

There had been improvements in clinical outcome indicators for patients with long term conditions, for people experiencing poor mental health (including people with dementia) and patient satisfaction in relation to the health professionals seen at appointments.

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

Safe

Rating: Good

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.	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: <ul style="list-style-type: none">• The safeguarding policy had been reviewed in line with local and national guidance.• There was evidence of in-house safeguarding supervision, and training program.• There was evidence of safeguarding being a standing item at clinical governance meetings. We saw minutes of the most recent meeting where safeguarding issues were discussed, and actions agreed.• The safeguarding structure was clear and visible to all staff.• We saw evidence of an enhanced safeguarding training schedule including domestic abuse; female genital mutilation (FGM); modern slavery; self-neglect and indicators of child sexual abuse and exploitation for identified staff.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Comprehensive staff records were seen for all locums and clinicians working within the practice. 	

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: 02.08.2020	Y
There was a record of equipment calibration. Date of last calibration: 26.08.2020	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: 02.02.2020	Y
There was a log of fire drills. Date of last drill: 29.10.2020	Y
There was a record of fire alarm checks. Date of last check: 01.12.2020	Y
There was a record of fire training for staff. Date of last training: On-going	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 15.11.2020	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 17.09.2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 17.09.2020	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Previous risk assessment had been part of an external assessment; however, this year there had been an in-house assessment due to the COVID-19 pandemic. No actions were needed as a result of this assessment. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not 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: 07.11.2020	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">Throughout the pandemic the practice had remained open to patients. In order to mitigate risks, temperatures for all visitors entering the building were taken and documented. The waiting room had been reconfigured to ensure social distancing was maintained. There was a one-way system on entering and exiting the building to minimize risk.At this inspection we saw evidence of hand hygiene and environmental audits. Detailed weekly COVID-19 infection prevention and control audits had been conducted, which included assurances from staff on safe practice.	

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:	

- Induction procedures for temporary staff were seen to be carried out for each staff member.
- GP oversight was available to respond to acute, on the day, patient needs.
- Staff rotas were managed by designated staff in the practice and in exceptionally busy times staff members were relocated to other roles to meet the demands of the practice.

Information to deliver safe care and treatment

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

	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 summarizing 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
Explanation of any answers and additional evidence: As a result of searches we made prior to the inspection, we identified some gaps in the coding and follow up for patients with suspected diabetes. The practice had recalled these patients for further review prior to the day of inspection. <ul style="list-style-type: none">• The practice had a system in place, and designated members of the administration team, to ensure all referrals, including two week waits, were made promptly and followed up.• The practice had a process in place to review, monitor and summarise new patient records following registration.	

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) (01/07/2019 to 30/06/2020) (NHS Business Service Authority - NHSBSA)	0.86	0.89	0.85	No statistical variation
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). (01/07/2019 to 30/06/2020) (NHSBSA)	9.7%	10.0%	8.6%	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 infection (01/01/2020 to 30/06/2020) (NHSBSA)	5.01	5.62	5.35	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2020 to 30/06/2020) (NHSBSA)	1.54	1.73	1.92	No statistical variation

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

Medicines management	Y/N/Partial
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.	Partial
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.	Yes
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"> Overall, we found the practice had systems for the appropriate and safe use of medicines. We considered the circumstances, and the impact of COVID-19 in addition to recent changes to guidance for the management of medicines from NHS England. We found that overall, the practice had an effective system for reviewing patients on repeat prescriptions. We found that most patients prescribed high risk medicines had been reviewed, despite the COVID-19 pandemic, but some areas required strengthening. The searches completed prior to inspection identified a small number of patients prescribed a combination of medicines contraindicated under NHS guidelines. Prior to our inspection, the practice had acted and amended the prescriptions for the majority of affected patients and the remaining patients had been consulted on the associated risks and benefits <p>The search completed prior to the inspection identified three out of 44 patients on Spironolactone (a medicine usually used to treat heart conditions, high blood pressure and fluid retention). These were overdue the renal monitoring function, in line with NHS guidelines. On inspection we noted that action had been undertaken by the practice to reduce the risk to these patients.</p> <ul style="list-style-type: none"> The search completed prior to the inspection identified five out of 19 patients on Mirabegron (a medicine used for a urinary condition) were overdue blood pressure monitoring by at least six months, as indicated by NHS guidelines. The search completed prior to the inspection identified that the majority of patients on ACE/ARB (a medicine used in the treatment of conditions such as high blood pressure, heart failure or 	

Medicines management	Y/N/Partial
<p>kidney disease in people with diabetes), had the relevant renal function tests recorded in line with NHS guidelines. The remaining patients were currently under review. We saw evidence on the day of the practice's continued focus on drug monitoring despite the limitations of the pandemic. Comparison drug monitoring data within the local CCG, confirmed the practice was within the top quartile.</p>	

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:3	Y
Number of events that required action:3	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was evidence that significant events were discussed and documented at clinical governance meetings. All reported incidents were reviewed by the clinical lead to obtain both an operational and clinical perspective. • Staff we spoke with told us that they were confident to report any issues or concerns and were able to describe the learning and actions taken from significant events. • Significant events were recorded onto a shared national Virgin Care database (CIRIS) and reviewed by a national quality team for wider cross regional learning. 	

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

Event	Specific action taken
Patient not offered a chaperone during treatment.	A thorough investigation was conducted and reviewed at local and national level. Retrospective audit of chaperone availability undertaken to ensure correct documentation and processes followed.
2WW referral not sent due to system failure.	Leaflet provided to patients on 'what to expect' when a 2WW referral is processed. Daily reporting audit introduced.

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: <ul style="list-style-type: none"> • The practice had an effective system to manage patient safety and medicines alerts. 	

Effective

Rating: Good

At the previous inspection on 21 November 2019, we rated the practice as requires improvement. This was because clinical outcome indicators for patients with long term conditions were below local and national averages. We acknowledged the work the practice had carried out to improve outcomes for patients in this area and although there had been some improvement, there had not been sufficient improvement since the previous inspection.

At our most recent inspection, we found that indicators were now in line with local and national averages and annual reviews were in place for patients with Chronic Obstructive Pulmonary Disease (COPD).

At our previous inspection, the practice was below target for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record. During this inspection we found significant improvements had been made, and the practice was now above the CCG and England average.

The practice had continued to improve on the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months, we found that this was now above the CCG and England average.

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2019 to 30/06/2020) (NHSBSA)	0.88	0.87	0.70	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • 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. • Care and residential homes had access to weekly virtual ward rounds and proactive completion of treatment escalation plans were in place. • Since our last inspection the practice had employed a Paramedic to ensure additional and timely access to healthcare for housebound patients throughout the COVID-19 pandemic. • Since our last inspection, health checks, including frailty assessments offered to over 75-year group, had been outsourced. We observed that the practice did not have a review system in place to ensure that the checks had been carried out. This was a recent initiative and a process was being introduced to monitor the effectiveness of it. • All care home patients had either been vaccinated or had declined the flu vaccine.

People with long-term conditions

Population group rating: **Good**

Findings

- At the previous inspection we rated the practice as requires improvement for providing effective services because the clinical outcome indicators for patients with long term conditions were below local and national averages. At this inspection we saw evidence of a targeted quality improvement programme, including specific plans in place for diabetes, hypertension and COPD which had improved the outcomes for patients in line with local and national averages.
- The practice had provided specific clinics for mental health, respiratory and diabetes.
- Patients with diabetes had access to a diabetes lead GP.
- The practice had established a one stop multi-disciplinary team (MDT) diabetes clinic to address all health needs of diabetic patients; this included visits to housebound patients.
- The practice had actively engaged and contributed to the Clinical Commissioning Group diabetes project and had implemented systems and process as part of the diabetes prevention program.
- Diabetic reviews were in line with local and national indicators.
- Flu vaccinations for this patient group had significantly improved.
- Dedicated staff had been appointed to support the Quality and Outcome Framework (QOF) programme.
- A Diabetes focus day had taken place in February 2020 supported by Diabetes UK.
- The primary care network (PCN) social prescriber had actively supported patients with advice on services available during the pandemic.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	77.4%	74.8%	76.6%	No statistical variation
Exception rate (number of exceptions).	6.7% (46)	9.0%	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)	90.7%	86.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	12.7% (28)	12.2%	12.7%	N/A

Indicator	Practice	CCG average	England average	England comparison
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)	90.9%	92.5%	91.8%	No statistical variation
Exception rate (number of exceptions).	3.4% (7)	3.8%	4.9%	N/A

Any additional evidence or comments

- 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 was 63.4% in the year 2018/2019. In the year 2019/2020 this had significantly improved to 90.7%, above both the CCG and England average.
- Patients with asthma were offered an asthma management plan.

Families, children and young people

Population group rating: Good

Findings

- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had follow-up arrangements for failed attendance of children's appointments, following an appointment in secondary care or, and would liaise with health visitors when necessary.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- Staff were able to describe the Gillick competence principles used to judge capacity in children.
- We saw evidence of actively encouraging child flu vaccines.
- COVID-19 specific safeguarding supervision and training had been completed.

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)	154	171	90.1%	Met 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)	145	155	93.5%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	146	155	94.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	146	155	94.2%	Met 90% minimum

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

Any additional evidence or comments

- The practice had met the minimum 90% for all the childhood immunisation uptake indicators.
- The practice continued to recall children to have vaccinations throughout the pandemic.

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 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)	71.4%	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)	70.1%	75.0%	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)	55.7%	60.2%	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) (PHE)	96.97%	92.0%		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)	67.2%	59.5%	53.8%	No statistical variation

Any additional evidence or comments

- At our previous inspection, the practice was below target at 70.2% for cervical screening for eligible women. At this inspection the practice had made a slight improvement at 71.4%. At the time of the inspection the practice provided unverified data, that showed the practice had completed 71% of eligible patients aged 25 to 49 and 80% of patients aged 50-64 years.
- We saw evidence of an audit to review cervical screening undertaken in response to the Quality Outcome Framework actions. This demonstrated an improvement from the previous year despite the COVID-19 pandemic. We saw evidence of recommendations and action plans in place to achieve an 80% target including a re-audit within three months.
- The practice told us that despite the COVID-19 pandemic, cervical screening had not stopped for patients requiring increased monitoring.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- Same day appointments and longer appointments were offered when required.
- Patients with a learning disability were an identified group of focus during the pandemic. Welfare calls had been arranged.
- All patients with a learning disability were offered an annual health check.
- Learning disability patients and carers were specifically targeted in the recent flu campaign.
- Learning disability training had been completed for all clinicians

- The practice had employed a home visiting clinician to complete learning disability checks.

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

Population group rating: Good

Findings

- The practice had been involved in a local redesign mental health initiative.
- The practice website provided information regarding emotional and wellbeing services.
- During the pandemic additional welfare calls were made to identified patients and the practice had remained accessible and open throughout the pandemic.
- The practice had employed a home visiting clinician to complete dementia checks.
- Same day and longer appointments were offered when required.
- Patients with autism had access to an autism friendly video for the flu vaccine
- A dementia champion had been established within the practice.

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)	91.8%	79.3%	85.4%	No statistical variation
Exception rate (number of exceptions).	24.0% (23)	16.7%	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)	88.8%	79.2%	81.4%	No statistical variation
Exception rate (number of exceptions).	8.1% (11)	9.3%	8.0%	N/A

Any additional evidence or comments

- At our previous inspection, the practice was below target for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record. At the time the practice had identified a plan to continue to improve the mental health indicators. During this inspection we found significant improvements had been made, and the practice was now above the CCG and England average. We saw evidence of a detailed action plan during the COVID-19 pandemic which had included an ongoing programme in place for dementia reviews.
- The practice had continued to improve on the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months, we found that this was above the CCG and England average.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	527.54	Not Available	533.9
Overall QOF score (as a percentage of maximum)	94.4%	Not Available	95.5%
Overall QOF exception reporting (all domains)	6.8%	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

Any additional evidence or comments

- The practice engaged in a programme of clinical audits, and evidence of improvements were discussed at clinical governance meetings.
- A two-cycle audit carried out to identify and engage women or girls of childbearing potential who had been prescribed medication, which could impact on the safety of a child, demonstrated 100% compliance. The audit had been discussed at clinical governance and PCN meetings.
- We saw evidence of an audit to evaluate the safe prescribing and monitoring of an identified high-risk medication. This demonstrated 88% compliance. An action plan had been developed and the audit discussed at clinical governance and PCN meetings.

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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
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">• All staff had access to regular appraisals and one to one discussion with the clinical lead and their RCGP revalidation appraisals, where appropriate.• On inspection we saw evidence of completed peer consultation review records including strengths and areas of improvement.• Staff had been supported to undertake additional studies.	

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-centered 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> <ul style="list-style-type: none"> • Care homes that we spoke to told us that they found the weekly remote ward rounds efficient and effective. • We saw evidence of direct access for community partners. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had identified a palliative care lead and dementia lead. • The practice conducted welfare calls to patients during the pandemic. • Carers champions had been identified. The practice sent text messages to all patients and carers to communicate during the pandemic and confirm the practice was open. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	94.6%	94.9%	94.5%	No statistical variation
Exception rate (number of exceptions).	0.9% (25)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained to demonstrate that it 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:	

Caring

Rating: Good

The practice had previously been rated as requires improvement for providing caring services. This was because patient satisfaction in relation to the health professionals seen at appointments was below local and national averages. Since the last inspection, we found that actions had continued to take place to improve patient experience and improvements. We saw evidence of a committed, whole team approach to improvement, regular reviews as part of the practice performance reviews, and improvement overall in GP survey results.

Kindness, respect and compassion

Staff treated treat 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: The practice website contained information on how to access emotional and wellbeing services and health advice.	

CQC comments cards	
Total comments cards received.	N/A
Number of CQC comments received which were positive about the service.	N/A
Number of comments cards received which were mixed about the service.	N/A
Number of CQC comments received which were negative about the service.	N/A
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when carrying out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. In order to reduce the risk of infection, we did not ask patients to complete comment cards or talk to us about their experiences of care on the day.	

Source	Feedback
NHS Choices	There had been eleven reviews since the last inspection. Four out of the last five reviews had 5-stars and praised the interaction with practice staff during the challenge of the pandemic, accessibility, efficiency and professionalism. One review had been rated as 1 star, however the feedback was positive praising the service. The practice had responded to comments made.

Friends & Family	We reviewed the friends and family responses completed from January 2020 up to and including October 2020. There were 408 responses in total. 390 patients were extremely likely or likely to recommend the practice to their friends and family. Nine patients were unlikely or extremely unlikely to recommend the practice. Four patients were neither likely or unlikely to recommend the practice and five patients didn't know. We saw evidence after the inspection from the November 2020 local patient survey, not verified by CQC, which demonstrated positive comments about the service.
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National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2020 to 31/03/2020)	81.5%	85.5%	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)	79.7%	85.0%	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)	90.4%	94.7%	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)	43.6%	75.8%	81.8%	Significant Variation (negative)

Any additional evidence or comments

- Since our last inspection, improvements had been made in three out of four of the GP survey indicators. At our previous inspection the practice had viewed patient satisfaction as a priority and an action plan put in place. The practice had identified that the low satisfaction in relation to healthcare professionals was due to the past use of locums. Since the last inspection the practice had successfully recruited a more substantive clinical workforce.
- During the pandemic the practice moved to a total triage model in line with NHSE guidance. There had been a review of staffing levels at peak call times and the structure of clinical roster to provide the required access. This had been monitored on a weekly basis.
- The practice had introduced video consultations and Dr Link online symptoms checker for patients.
- There had been a significant increase in call volume year on year, and in November 2020 a new telephone system was installed.
- The practice had held reception focussed meetings and had identified the need for customer service training for staff, this had been delayed due to the pandemic and arranged for early 2021.
- The practice had listened to patient feedback from a number of sources including complaints and compliments and had shared this with the team to encourage learning and development.
- The practice had maintained extended opening times and had run additional Saturday clinics supported by the Patient Participation Group (PPG).
- The practice continued to offer a gold card scheme for patients who required priority access to appointments, for example, those patients newly diagnosed with cancer.
- A dementia café had been held regularly at the practice for both patients with dementia and their friends and family, this had been restricted due to the pandemic.

Question

Y/N

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

Y

Any additional evidence

- The practice had carried out a local patient survey in September 2020, as part of an action plan to address areas of concern identified in the National 2020 GP survey. The survey used the same questions as the national GP survey and the responses were a similar number to those received by the national survey.
- The local survey, containing unverified data, showed despite the challenges of the pandemic the practice had achieved consistent or improved performance in all areas. There had been an increase in the overall experience of their GP practice indicator to 53%
- The practice had identified key areas of action for 2020/2021, including a further survey in February 2021 to measure the improvements put in place.

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
Explanation of any answers and additional evidence: Staff were aware of social prescribing and had made appropriate referrals to them when necessary.	

Source	Feedback
Interviews with patients.	N/A 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 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)	91.7%	92.3%	93.0%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> At our previous inspection, 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 was 81.1% compared to a CCG average of 92.9%. There had been continued improvement since our previous inspection.

	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.	The practice had identified 173 Carers which was approximately 1.5% of the patient population.
How the practice supported Carers (including young carers).	<p>The practice had revised the practice registration form for adults to help identify both unpaid carers and those who receive care from a carer.</p> <p>The PCN social prescriber had proactively contacted carers during the pandemic to offer support.</p> <p>The practice had a carers' champion.</p> <p>The flu vaccination had been offered to carers.</p> <p>The practice had signposting to support services on the website for carers.</p>
How the practice supported recently bereaved patients.	<p>Patients could be referred to local bereavement services for support if they wished.</p> <p>The practice had signposting to support services on the website for bereaved patients.</p>

Privacy and dignity

The practice respected / did not always respect 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:	
<ul style="list-style-type: none"> The practice had a one-way system set up to maintain 2-meter social distance. 	

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
Explanation of any answers and additional evidence:	

Responsive

Rating: Requires Improvement

The practice was rated as requirement improvement at the previous inspection because patient satisfaction regarding making and accessing appointments was below local and national averages. Despite the work of the practice to improve this data, including conducting its own patient surveys, the outcomes are still below the CCG and England average. This area impacted all the population groups and so we rated all these as requires improvement. However, the practice had made a number of changes to improve access, including instillation of a new phone system.

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:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am-8pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am-8pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2020 to 31/03/2020)	89.4%	94.2%	94.2%	No statistical variation

Any additional evidence or comments

- The practice provided unverified evidence of local patient survey data carried out in September 2020 demonstrating an increase to 90%.
- The practice had remained open and accessible throughout the pandemic and had adapted to new ways of working.

Older people

Population group rating: Requires improvement

Findings

- All patients had access to the most appropriate health care professional 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.
- All patients had access to face to face appointments during the pandemic following triage and risk assessments where necessary.
- We saw evidence of support for shielded patients during the pandemic.
- Health checks for over 75's had been outsourced to another provider to meet the needs of patients.

People with long-term conditions

Population group rating: Requires improvement

Findings

- 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.
- The practice continued to develop their relationship with Diabetes UK and had continued to support the Diabetes Prevention Programme.

Families, children and young people

Population group rating: Requires improvement

Findings

- The practice continued to recall children for their immunisations throughout the pandemic.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered morning and evening appointments, as well as telephone consultations.
- There was an oversight GP at the practice who responded to acute patient needs.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The practice had moved to total triage and remote consultations throughout the pandemic.
- 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 was open until 8pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a Primary Care Network.
- There was an oversight GP at the practice who responded to acute patient needs.

People whose circumstances make them vulnerable

Population group rating: Requires improvement.

Findings

- Representatives from care homes told us that remote ward rounds had benefited patients during the pandemic and communication was effective.
- The practice had provided opportunistic flu vaccinations for any vulnerable patients and carers.
- 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: Requires improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- A dementia café was held once a month which was attended by a representative from the Alzheimer's Association and a representative from Action for Family Carers. This service had been suspended during the COVID-19 pandemic.
- The practice was awaiting Dementia Friendly status, this had been delayed due to the COVID-19 pandemic.
- The practice had identified a lead member of staff who maintained oversight of this population group.

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: <ul style="list-style-type: none"> Since the start of the pandemic, the practice had moved to a total triage system. This enabled efficient access to services for all patients. Face to face appointments were available when required. The practice used technology and systems for remote consultations. The practice had maintained extended opening times one evening a week and had introduced weekend clinics for flu, foot checks and blood pressure monitoring. 	

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)	16.0%	N/A	65.2%	Significant Variation (negative)
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)	32.2%	56.8%	65.5%	Variation (negative)
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)	32.5%	56.2%	63.0%	Variation (negative)
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)	52.3%	70.4%	72.7%	Variation (negative)

Any additional evidence or comments

- The practice was aware of the low performance data in this area and since the last inspection the practice had introduced a call management system which was regularly reviewed.

- We saw evidence of continual review and a commitment to resource planning in place to help improve telephone access.
- The practice had implemented a new telephone system in November 2020, staff had been trained on the direct use of the system. At the inspection it was not possible to review improvements on the efficiency of the new system as staff were awaiting training.
- We saw evidence of an action plan, December 2020 to February 2021, which identified areas of continued improvement including new telephone system training, and customer service training.
- Since the last inspection the practice had acted to increase staffing at peak call times.
- The practice had held reception focused meetings and further customer service training had been identified. This had been delayed due to the COVID-19 pandemic.
- 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 was 10.1% in the period 01/01/2019 to 31/03/2019 and had increased slightly to 16.0% in the period 01/01/2020 to 31/03/2020. This was below England average of 65.2%. At the inspection the practice shared their own unweighted survey data from September 2020 which showed an improved result of 38%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 27.6% in the period 01/01/2019 to 31/03/2019 and had increased to 32.2% in the period 01/01/2020 to 31/03/2020. This was below the CCG average of 56.8% and England average of 65.5%. At the inspection the practice shared their own unweighted survey data from September 2020 which showed an improved result of 45%.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 30% in the period 01/01/2019 to 31/03/2019 and had improved to 32.5% in the period 01/01/2020 to 31/03/2020. This was below the CCG average of 56.2% and England average of 63.0%. At the inspection the practice shared their own unweighted survey data from September 2020 which showed an improved result of 46%.
- The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered was 63.7% in the period 01/01/2019 to 31/03/2019 and had declined to 52.3% in the period 01/01/2020 to 31/03/2020. This was below the CCG average of 70.4% and England average of 72.7%. At the inspection the practice shared their own unweighted survey data from September 2020 which showed an improved result of 61%.

Source	Feedback
NHS Choices	Since our last inspection, three patients had raised concerns about access. There had been three positive comments regarding access.
Representatives from care homes	Representatives from care homes told us that the practice had been responsive with the needs of residents during the pandemic. Staff were not aware of a bypass line for emergencies. Action had been taken by the practice to ensure that staff were immediately aware of the bypass number for emergencies.
Staff	Staff we spoke with were positive about the changes made since the last inspection. Additional staff had been redeployed during busier times of the day to assist in answering the telephones and they had worked flexibly as a team during the pandemic.

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.	10
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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"> • All complaints were recorded and monitored, including verbal complaints. A spreadsheet maintained and recorded the summary, theme, lessons learnt, and response times. • Complaints were discussed at monthly clinical governance meetings. We saw evidence of learning through structured meetings. • Complaints were reported onto a shared national Virgin database (CIRIS) and reviewed by the national quality team for wider cross regional learning. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy with the consultation	We saw evidence of peer reviews. Clinical staff had received further clinical services training.
Information provided to the wrong patient	Staff reminded to complete three step patient identity.

Well-led

Rating: Good

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.	Y
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">• Since the previous inspections, the practice had focused on improvement. They had identified key priorities including developing leadership and team structure, recruiting a skilled, permanent workforce, improving patient care and clinical outcomes, partnership working and sharing skills with the local CCG and Primary Care Network. At this inspection we saw evidence of continued commitment and overall improvements in these priorities.• The practice had a continual focused plan to address the challenges in previous inspections. On the day of inspection, we saw that progress continued to be made in each of the priority areas. We acknowledged the action plans implemented to improve in the areas identified at the last inspection, and that the practice was on a general upward trend.• We saw evidence from the November 2020 practice staff survey which demonstrated a significant improvement in staff feedback from 57% in 2019 to 84%.	

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">• During the inspection we saw evidence of the values displayed in staff communal areas. The local staff survey had demonstrated a significant improvement, and increase of 47% to 100%, in staff feedback relating to the way the local team is consistent with the organisations values.	

- We saw evidence of a continued vision for the practice in 2021 to drive to reduce health inequalities, contribute to educating tomorrows workforce, a continued recruitment plan, provide best class health outcomes and to further strengthen locality relationships.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior 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 candor.	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 candor, 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"> • Staff we spoke to told us they felt comfortable reporting concerns and staff felt very supported and described an open-door policy. • Staff were aware of the whistleblowing policy and the freedom to speak up guardian. • There were effective systems in place to routinely discuss complaints, incidents, significant events and compliments within clinical governance meetings. 	

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

Source	Feedback
Staff	<p>The staff we spoke to told us they were happy with their line management and with senior management and there had been improvements since the last inspection.</p> <p>They told us that the practice was a good place to work and they felt supported, particularly during the pandemic.</p> <p>They told us that personal development was encouraged.</p>
CCG	<p>The CCG told us that they had worked with the practice on key areas of action identified at the last inspection, that staff recruitment had been success and there was a more stable workforce in place.</p>

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">• There was a clear clinical and operational structure in place.• There was a permanent clinical and non-clinical staff team in place and the practice had recently recruited additional clinical staff, including a Paramedic, three GPs, Nurse and Advanced Nurse Practitioner (ANP)	

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">• There had been a focus on key areas, including measurable improvements in patient care and clinical outcomes through visible leadership.• We found a whole staff approach to improvement at all levels, and that staff were committed to improving performance.• We saw evidence of a process for managing performance, which included regular peer reviews.• The practice had developed a culture of openness and candor. Effective systems were in place to report, record and learn from risks, complaints and incidents.• We saw evidence on the day that as soon as risks were identified by inspectors the practice took immediate action to mitigate risks.• We found that the practice had monitored the changing nature of NHS guidance throughout the COVID 19 pandemic and had amended their services accordingly to maintain the appropriate level of services for their patients. This ensured patients and staff were safe.	

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.	Y
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:	

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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: <ul style="list-style-type: none">• The practice demonstrated that they continually seek active participation from new patients. The practice had updated their new patient registration form for adults with an explanation of the PPG role and the ability for patients to enroll.• PPG members had recently supported the practice in their annual flu campaign.• The practice is part of a local PCN and worked collaboratively to ensure patients received the necessary resources during the pandemic, including bereavement services and welfare call.	

Feedback from Patient Participation Group.

Feedback
The PPG spoke highly of the practice, they were able to provide example of when the practice and implemented changes that they had discussed during meetings. Communication between the PPG and practice had continued throughout the pandemic.

Any additional evidence

Continuous improvement and innovation

There were evidence of 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">• There was evidence of continuous learning and striving for improvement during clinical governance meetings.• We saw evidence of staff appraisals and development and peer reviews.	

- We saw evidence of unweighted local data from the staff survey published in November 2020 which demonstrated 93% of staff felt part of a team committed to continuously improving, this demonstrated a 46% improvement from 2019.

Examples of continuous learning and improvement

- The practice had a clear vision for 2021, which included a specific focus on improving the quality of care for patients with learning disabilities, including a learning disability champion and staff training.
- The practice is working in partnership to assist in the education of students in Essex.

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.