

Care Quality Commission

Inspection Evidence Table

Westwood Clinic (1-537739816)

Inspection date: 14 October 2021

Date of data download: 11 October 2021

Overall rating: Good

- At our last inspection, we rated the practice as requires improvement overall. The population group of working age people (including those recently retired and students) were rated as requires improvement for providing effective services. All population groups were rated as requires improvement for responsive services. As a result of these ratings all population groups were rated as requires improvement overall.
- At this inspection we have rated the practice as good overall. The practice had made and further improved the identified requirements as detailed in our previous report.

Safe

Rating: Good

At our previous inspection the practice was rated as requires improvement for providing safe services because:

- We found the fire risk assessment was not sufficiently detailed. For example, consideration of the safe storage of flammable gases and combustible materials were not documented in the review.
- The provider could not demonstrate assurance that the assessment had been undertaken by a suitably competent person and that all relevant risks had been identified and acted upon.
- The practice had not completed and documented a health and safety risk assessment. In addition to this, actions relating to a premises and security risk assessment had not been completed.

At this inspection we found:

- The practice had undertaken various risk assessments including those relating to the COVID-19 pandemic to keep staff and patients safe. For example, they had installed a new fire alarm system, security cameras and improved and upgraded the clinical rooms in the building.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 July 2021	Yes
There was a fire procedure. Date of fire risk assessment: 12 February 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented new systems and process to ensure actions identified in risk assessments were actioned and completed. For example, we saw they had installed a new fire alarm system including smoke detectors throughout the premises. Staff told us of the regular alarm checks and fire drills that were undertaken.</p> <p>The practice had undertaken various assessments and checks for example, calibration tests of equipment on 28 April 2021. In addition, to ensure staff and patients were kept safe, the practice had additional reviews and meetings to discuss and disseminate information relating to the COVID-19 pandemic.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes

Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 1 July 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice had made significant improvements to the premises, they had redesigned clinical rooms and installed new flooring and equipment. They had worked with the Infection Prevention and Control team from the Clinical Commissioning Group to implement changes. Staff told us they found the improvements much safer and a more professional working environment. As a result of the COVID-19 pandemic, additional and specific personal protective equipment was obtained for staff safety.	

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
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.	Yes
Explanation of any answers and additional evidence: Feedback we received from staff was positive about how the practice managed staff shortages in particular those that were as a result of the COVID-19 pandemic. They told us they worked together as a cohesive team and prioritised patient care. Where backlogs occurred, the staff told us they worked together to address the issues.	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes

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) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.80	0.74	0.69	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). (01/07/2020 to 30/06/2021) (NHSBSA)	9.0%	12.2%	10.0%	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 (01/01/2021 to 30/06/2021) (NHSBSA)	4.42	5.26	5.38	Tending towards variation (positive)

Indicator	Practice	CCG average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) <small>(NHSBSA)</small>	170.7‰	118.0‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) <small>(NHSBSA)</small>	0.73	0.68	0.65	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) <small>(NHSBSA)</small>	7.7‰	5.8‰	6.7‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
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 ¹
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.	Yes
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.	Yes ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. As part of our inspection we used a suite of clinical searches within the practice computer system. During our review of some patient records, we found the practice system and process to ensure all medicines were linked to the recorded diagnosis or to a particular problem was not always effective. We discussed this with the practice who immediately responded with a plan to review the issues and to ensure all staff were trained appropriately. We did not find any patients at risk of harm. 2. We found that the practice had systems and processes to ensure patients taking high risk medicines had appropriate monitoring. For example, we looked at patients taking Methotrexate and Azathioprine, and all had received appropriate monitoring. We found 507 patients taking either an ACE inhibitor or Angiotensin 11 receptor blocker, eight patients had not received appropriate monitoring. We reviewed four of these patients and found where action was required the practice had already completed this or, as a result of our search took immediate action to review these patients. We found the practice system for monitoring of chronic kidney disease and recording the creatine clearance calculation to ensure patients were taking the correct of dose of their medicine was not always effective. Although we did not see any patients who were not managed within NICE guidelines, we found 17 of the 87 patients had not had the calculations recorded. The practice took immediate action and reviewed these patients and told us they found six of the 17 patients were not taking medicines that required the calculation to be recorded. Without the calculation recorded in the patient records, patients may be at risk of receiving the wrong dose of medicine. The practice took immediate action to review these records and to ensure the calculation was recorded correctly. They told us they had found they found six of the 17 patients were not taking medicines that required the calculation to be recorded. 	

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Four
Number of events that required action:	Four
Explanation of any answers and additional evidence: We saw the practice had improved the frequency and structure of the meetings that all staff could attend. Staff told us they found these useful and regularly discussed incidents, however minor, complaints and compliments. Staff told us they appreciated the team approach to learning from these meetings. Minutes were available for those who had not been able to attend.	

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

Event	Specific action taken
Wrong patient had been booked in	Two patients with same date of birth and similar name. GP reviewed and correct entry, no patient risk identified. Record alert and staff training given to prevent further incidents.
Patient with required follow up from test result and experienced difficulty in getting appointment in a timely manner	The incident was discussed with staff. Patient had not answered telephone and a message had been sent asking them to book an appointment. Staff will now be aware of these patients and ensure they are prioritised for appointments.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: We found the practice had a system and process in place to ensure patient and safety alerts were managed in a timely manner. For example, we found five patients on a combination medicine that should be reviewed, and risks discussed with the patient when they reached the age of 65. We reviewed two of the five patients and found they had been appropriately managed.	

Effective

Rating: Good

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

At our inspection published August 2019:

- We reviewed training records and found members of staff had completed all their training on one day. At our last inspection we found this had continued and one member of staff had completed 24 modules of training on one day during a weekend. Staff also told us that they were not given protected learning time.
- The practice's uptake of cervical, breast and bowel cancer screening were lower than the CCG and England averages.
- The practice's Quality Outcomes Framework (QOF) performance evidenced a higher than average exception reporting rate. The practice had made changes to their exception reporting rate process, however, there was no evidence available on the day of the inspection to show the new processes had made improvements.
- We reviewed patient records and found there was an inconsistent approach to documenting patient care plans

At this inspection we found;

- The practice demonstrated and staff confirmed that protected learning time was given to all staff. Staff told us they found this useful and had when they had requested additional time or training this had been given.
- The practice had, despite the restrictions imposed during the COVID-19 pandemic, continued to offer appointments for cancer screening and baby immunisations.
- During the COVID-19 pandemic restrictions, a backlog of some long-term conditions reviews had accumulated. The practice had reviewed their systems, discussed as a multi-disciplinary team and found ways to improve the patient's experience and outcomes.
- The practice approach to producing care plans was under review to ensure care plans were written and recorded in a way that would be meaningful to patients and other health professionals.

Effective needs assessment, care and treatment

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

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

Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial ¹
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. We found, and records we saw, confirmed that where clinical staff had seen patients and needed to follow them up, they had done so. Clinical staff were able to directly book appointments for these patients. During the COVID-19 pandemic, the practice, in line with national guidance, had suspended most routine reviews for patients, such as long-term condition reviews. The practice was aware of the backlog that had accumulated and had agreed plans to address these. As part of our inspection we reviewed some patients with overdue annual review monitoring. For example, patients with diabetes and/or asthma. We found some patients were overdue some checks such as retinopathy checks for patients with diabetes. The practice explained that these checks were carried out either in the community clinics or secondary care and during the pandemic these clinics had been closed. These clinics had recently re-opened and patients were being referred and seen.</p> <p>We discussed with the practice their care plans for patients. The practice told us they often gave the patient a printout of the computer template entry but did not record this. The practice told us they were reviewing the quality of their care plans to ensure they were comprehensive and shared with the patients.</p>	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients.
- 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. Despite the pandemic, the practice had completed 126 checks during the period September 2020 to September 2021.
- All patients with a learning disability were offered an annual health check. The practice register showed 31 patients with a learning disability. During the past 12 months the practice had completed reviews on 21 of these patients and four had formally declined. The practice was proactive in engaging with the remainder to attend for their reviews.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. The practice system and process for inviting and engaging with patients was being reviewed. The practice told us the new systems would ensure patients with more than one condition were seen in the minimum number of appointments. Since the lifting of some restrictions, the practice had increased the number of clinics to meet the back log of reviews needed.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared 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. We found the practice system for the coding of chronic kidney disease was not consistent and not all records had been coded appropriately. The practice had recognised this and were addressing the issue.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan. We discussed these with the practice. They told us they often gave the patient a printout of their consultation which had been completed by a specific template, but they did not always record this. The practice told us they were reviewing care plans for patients to ensure they were meaningful and would be useful to the patient and other health professionals.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of	51	54	94.4%	Met 90% minimum

immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)				
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	52	58	89.7%	Below 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) (01/04/2019 to 31/03/2020) (NHS England)	49	58	84.5%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	49	58	84.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	62	69	89.9%	Below 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 was proactive in contacting parents/guardians of children due for their immunisations. During the COVID-19 pandemic, the practice recognised some parents/guardian were reluctant to attend appointments for their children's immunisation. Those who were not brought to their appointments and/or the practice failed to contact, the clinician staff discussed these with the health visitor at the practice safeguarding meetings. The practice had continued to offer baby immunisation and baby check appointments throughout the COVID-19 pandemic.

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: 31/03/2021) (Public Health England)	63.4%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	64.7%	68.1%	70.1%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	55.0%	63.6%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	62.5%	62.2%	54.2%	No statistical variation

Any additional evidence or comments

The practice was aware of the lower public health data for their practice. They shared with us their latest unverified current QOF data which showed cervical screening for 2021/2022;

- 3years 6 months for patients aged 25-49 years their performance was 82%
- 5years 6 months for patients aged 50-64 years their performance was 88%

The practice had continued to offer appointments through the COVID-19 pandemic and had since the lifting of some restrictions increased these. Patients were able to get evening or weekend appointments for cervical screening at the GP local hub. This hub was run by the local GP federation and offered appointments for local practices and were held in surgeries near to the Westwood Clinic.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

The practice demonstrated they used clinical audits as a quality monitoring and improvement plan. They shared with us an audit they had undertaken to ensure patients had been appropriately review as a result of historic alerts (first released in 2014). The audits showed in 2018 six patients were taking these medicines and all patients had been appropriately managed. In 2019, eight patients were identified and all appropriate managed.

In their quality improvement audits and monitoring the practice undertook various non-medicine audits including reviews of each clinicians' consultations. This included GP records. Where any learning was identified this was shared with the clinician concerned and if appropriate with the wider team. Staff we spoke with told us they valued this approach and peer learning and support.

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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: At our last two inspection, staff told us they did not get sufficient time to undertake all the training they required, and the practice deemed necessary. During this inspection the practice demonstrated, and staff told us this had improved. All staff were given protected time to complete their training and where they had requested additional time or training this had been given.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centered care when they moved between services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

Well-led

Rating: Good

At our previous inspection we rated the practice as requires improvement because;

- We found the practice had implemented a number of structures and systems since the previous (July 2019) inspection. We identified that these systems required further time to fully embed and evidence that improvements had been sustained.
- We found the practice had not made improvements to all the areas of concerns noted in our previous inspection report; for example, in relation to training.

At this inspection the practice demonstrated they had sustained and further improved the new systems and process to offer safe and effective care. The practice had made significant changes to the premises which ensured patients and staff were kept safe from harm especially during the COVID-19 pandemic.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff we received feedback from and spoke with, told us of the positive changes within the leadership team. Staff told us they had been included in plans and changes, in particular, with the challenges the COVID-19 pandemic had presented.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: Staff we received feedback from, and we spoke with, told us of the improved culture within the practice including within individual teams and the management leadership. Staff told us they would report all incidences however minor and were confident they were listened to, learning was identified, and changes made.	

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

Source	Feedback
Staff	<p>Staff through the CQC questionnaires and those we spoke with told us they were proud to work as part of the practice. They told us of the cohesive teamwork and how they had cared for the patients and each other during the pandemic.</p> <p>The quality and frequency of staff meetings had been significantly improved. The practice held a whole practice meeting each month as well as those team specific ones. Staff we had feedback from or spoke with, told us they valued these and had increased their knowledge and awareness of patient care and team working.</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.	Yes
Staff were clear about their roles and responsibilities.	Yes

There were appropriate governance arrangements with third parties.	Yes
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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.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Following our last inspection, the practice continued to develop management systems to ensure risks were well managed. The practice had included more risk assessments for staff and patients to ensure they were kept safe through the COVID-19 pandemic. These assessments had continued to be monitored as restrictions are lifted, and where necessary, changes are made.	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes

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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes

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

Feedback from Patient Participation Group (PPG).

Feedback
We spoke with and received feedback from the PPG. The group were positive about the interactions with the practice and management team. They told us the practice listened to their suggestions and where possible made changes. The group were complimentary about the changes to the premises. One member of the group is also a representative on the local GP Federation PPG and shared wider information to the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
The practice demonstrated a commitment to the development and skill mix of the practice staff. The practice had extended the skill mix by employing new roles such as a physician's associate and additional pharmacist. These developments included additional training such as advance clinical skills. The practice also utilised to the benefit of their patients, the services of a social prescriber who works across local practices. The practice was proactive in sharing the learning from the new skill mix with others such as they primary care network.	

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.
-
- ‰ = per thousand.