

Care Quality Commission

Inspection Evidence Table

Chichele Road Surgery (1-541883379)

Inspection date: 10 December 2020

Date of data download: 9 December 2020

Overall rating: Requires improvement

At this inspection we rated the practice requires improvement overall because:

The practice had made improvements to safety and the way the service was led and managed. However, there remained gaps in governance and areas of performance that required improvement.

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

Safe

Rating: Good

The practice had made systematic improvements to safety since our previous comprehensive inspection in October 2019. At that time the practice was rated Inadequate for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	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

Safeguarding	Y/N/Partial
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was able to demonstrate improvements since our previous comprehensive inspection. Safeguarding policies had been reviewed and were up to date. Staff we interviewed were trained and familiar with practice policies and processes. Patients known to be at risk of abuse were reviewed at the weekly clinical meetings and in coordination with other health and social services professionals.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented a system to check clinical staff members' vaccination status since our previous comprehensive inspection and this was up to date.</p>	

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: January 2020	Y
There was a record of equipment calibration. Date of last calibration: January 2020	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: January 2020	Y
There was a log of fire drills.	Y
There was a record of fire alarm checks. Date of last check: Carried out weekly	Y
There was a record of fire training for staff. Date of last training: All staff had received fire safety training within the last 12 months.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: October 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During this inspection, we visited the premises and observed the actions that had been taken in line with the fire risk assessment recommendations. This included the removal of damaged foam-filled furniture; the replacement of a missing fire door; installation of emergency lighting to the rear of the property; clearer signage on how to exit the premises and signs indicating the location of flammable gases; relocation of fire extinguishers.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2020	Y
<p>Explanation of any answers and additional evidence:</p> <p>During this inspection, we visited the premises and observed the actions that had been taken following our previous comprehensive inspection. For example, blind loop cords had since been secured and cleaning chemicals were locked away.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy	Y
Staff had received effective training on infection prevention and control	Y
Infection prevention and control audits were carried out Date of last infection prevention and control audit: February 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">• The practice had implemented actions to improve infection prevention and control since our last comprehensive inspection in October 2019. For example, we saw that sharps bins had been installed in line with national guidance and purple-lidded bins were in place for cytotoxic sharps waste.• The practice had implemented measures to prevent the spread of Covid-19 and keep staff and patients safe. For example, it had not been possible to implement a 'one-way' throughflow of patients through the premises in line with guidance. The practice had mitigated the risk by implementing a protocol so that only one patient entered the practice at a time and only designated rooms on the ground floor were used for face to face consultations and treatments.	

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.	N
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had emergency protocols in place and provided information and training to all staff on how to respond to emergencies. This included sepsis awareness training and information for reception staff to refer to summarising the signs of potential sepsis. However, some non-clinical staff we interviewed were not confident about this. The practice informed us immediately after the inspection that they had arranged an online refresher session for the whole team in early January to be run by the lead GP.</p>	

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 summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice continued to store a large number of paper records on site. Paper records were not stored in closed, lockable cabinets but the practice had improved security to the storage area and had implemented systems to prevent unauthorised access. • The practice had improved its systems for monitoring two-week wait referrals since our previous comprehensive inspection. The practice had continued to make urgent referrals and monitor these throughout the Covid-19 pandemic period. 	

Appropriate and safe use of medicines

The practice did not have effective systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHS Business Service Authority - NHSBSA)	0.30	0.55	0.82	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2019 to 30/09/2020) (NHSBSA)	9.0%	10.3%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2020 to 30/09/2020) (NHSBSA)	6.60	5.76	5.34	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2020 to 30/09/2020) (NHSBSA)	35.9‰	47.7‰	124.1‰	Significant Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHSBSA)	0.40	0.33	0.68	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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	N
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
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.	N
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We carried out a series of virtual medicines-related searches of the practice records system before the inspection and reviewed the results with the lead GP. This showed that the practice was managing medicines that require ongoing monitoring appropriately. This was a marked improvement since our previous comprehensive inspection. • However, clinicians were not always prescribing combinations of medicines with potential harmful interactions in line with current guidelines. The practice carried out medicines reviews but had not always identified the risks in these cases. We did not identify any instances of actual harm but these cases required review. • The practice was not actively monitoring its prescribing of controlled drugs, for example, through periodic audit. • The practice stored vaccines in two fridges. Staff were familiar with the correct temperature range for vaccines and what to do if that range was breached. The temperatures were monitored daily but maximum and minimum temperatures were not being documented correctly in the logbook. The practice provided evidence immediately after the inspection to show that it had changed its monitoring protocol so checks were now being recorded in line with PHE guidance. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Six
Number of events that required action:	Five
<p>Explanation of any answers and additional evidence:</p> <p>Since our previous remote assessment of practice progress in September 2020, the practice had started to proactively identify incidents for review in line with its policy on significant event analysis. This included the identification and sharing of positive incidents to reinforce good practice.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Labelling error on blood sample	Incident involved a third-party phlebotomy provider which was informed of the error and an investigation is underway. The practice informed affected patient of the error and repeat the tests.
Internet outage affected access to electronic appointment and records system.	The practice was able to continue running through its continuity planning and remote working. Following the incident, the practice added telephone numbers to the patient list that was printed every evening for the following day and ensured that the laptops used for remote working were updated.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system to ensure that safety alerts were distributed and actioned. We carried out a search of several alerts and saw examples of actions taken on recent alerts, for example, to ensure sodium valproate was prescribed safely. This was a marked improvement since our previous comprehensive inspection.</p>	

Effective

Rating: Requires improvement

The practice had made improvements since our previous comprehensive inspection in October 2019. At that time the practice was rated Inadequate for providing effective services.

The practice could now demonstrate that practice performance and patient outcomes were improving and staff were being supported through oversight, training and appraisal to provide effective care.

However, we found that the practice could not assure us that the physical needs of patients with learning disabilities were being proactively monitored. We also noted that practice uptake rates for national cancer screening programmes remained below target/comparative average.

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
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: The practice had not been carrying out annual health checks for patients with learning disabilities. Some of the patients on the register did not have any recorded health check for over two years or any evidence that checks had been offered.	

Older people

Population group rating: Good

Findings

- The practice maintained a register of older patients (aged 88 or over) at risk of unplanned hospital admission or sudden deterioration in their health. These patients were reviewed at multidisciplinary team meetings.
- The practice contacted older patients assessed as being vulnerable at the beginning of the Covid-19 pandemic to check if they had any unmet needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to eligible patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma where this was clinically indicated. Patients with asthma were offered an asthma management plan.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with COPD were offered rescue packs.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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) <small>(QOF)</small>	84.1%	77.1%	76.6%	No statistical variation
PCA* rate (number of PCAs).	4.2% (6)	6.9%	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) <small>(QOF)</small>	97.8%	89.5%	89.4%	Tending towards variation (positive)
PCA rate (number of PCAs).	4.3% (2)	6.5%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	66.1%	83.5%	82.0%	Variation (negative)
PCA rate (number of PCAs).	1.6% (1.0)	3.8%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	51.4%	65.5%	66.9%	Variation (negative)
PCA rate (number of PCAs).	1.8% (6.0)	13.3%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	66.1%	72.3%	72.4%	No statistical variation
PCA rate (number of PCAs).	2.1% (11.0)	5.6%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	88.9%	90.6%	91.8%	No statistical variation
PCA rate (number of PCAs).	6.9% (2)	9.0%	4.9%	N/A

Any additional evidence or comments

The practice had generally improved its Quality and Outcomes Framework (QOF) performance since our last comprehensive inspection of October 2019. It now tended to score above average for most diabetes indicators. However, the practice remained below average for the percentage of patients with diabetes in whom the last IFCC-HbA1c was 58 mmol/mol or less. The practice was able to describe improvements to the way it managed diabetes, for example it had started to hold joint clinics with the community specialist diabetes nurse at the practice. The practice also had a low personalised care adjustment rate (PCA) for its diabetes indicators which makes direct comparison with CCG and national average performance more difficult to interpret.

The practice tended to score below average for QOF indicators of secondary prevention of coronary heart disease. We discussed this with the lead GP but aside from noting local population characteristics, they did not describe any actions the practice had yet taken to investigate this further or to improve performance.

Families, children and young people

Population group rating: Requires improvement

Findings

- The practice had not met the minimum 90% for four of four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four of four childhood immunisation uptake indicators.
- One of the practice nurses had been assigned to telephone the parents or guardians of children if they did not attend for childhood immunisations to encourage attendance. The practice also added alerts to the electronic records system to prompt discussion of catch-up immunisations when family members contacted the practice. We were told that the Covid-19 pandemic had negatively impacted immunisation uptake and this remained an ongoing challenge.
- The practice had arrangements for following up failed attendance of children's outpatient appointments by offering the parents or guardian a review appointment at the practice.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	37	45	82.2%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	48	55	87.3%	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	55	89.1%	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	55	89.1%	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)	36	49	73.5%	Below 80% uptake

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

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice had expanded its use of remote consultation technologies including telephone, video and online forms of consultation since the start of the Covid-19 pandemic. We were told that remote consultations were proving particularly popular with working age people and uptake of the e-consultation service had been high among this group.
- The practice had put its routine NHS checks for patients aged 40 to 74 on hold during the Covid-19 pandemic. There was appropriate and timely follow-up on the outcome of other health assessments and checks where abnormalities or risk factors were identified.
- Cervical screening uptake rates remained markedly lower than the national target with only just over half of eligible patients having been screened according to PHE data. There had been little change since our previous inspection of October 2019.
- One of the practice nurses was tasked with following up patients who did not attend for cervical screening and contacting them to explain the test and encourage attendance. The practice added alerts to the electronic records system to ensure that screening could be opportunistically discussed with patients when they attended the practice for any other reason. The nurse also maintained a system to check that the practice received a result for all smears taken and abnormal results were followed-up.
- We were told that the provision of cervical screening appointments through the extended hours primary care service was increasing uptake among the practice population. It was not straightforward to evidence this as the picture was confounded by the suspension of routine screening for several weeks during 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: 30/06/2020) <small>(Public Health England)</small>	53.3%	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) <small>(PHE)</small>	40.8%	59.2%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) <small>(PHE)</small>	36.4%	43.6%	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) <small>(QoF)</small>	100.0%	91.6%	92.7%	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) <small>(PHE)</small>	61.5%	62.4%	54.2%	No statistical variation

Any additional evidence or comments

Following the inspection, the practice told us that it had focused on its cervical screening performance and submitted additional information about recent uptake rates taken from its clinical records system.

This data is unverified and unpublished but suggested improvement between December 2020 and February 2021 with 70% of the 25-49 year old cohort of eligible patients having participated in the cervical screening programme by 18 February 2021.

The improvement appears to be partly a result of the practice reviewing and updating its records so that it was monitoring uptake more accurately. For example, the practice told us it has eligible patients who, after multiple reminders and calls, have stated they do not wish to participate in the cervical screening programme and provided consent to be removed from the 2020/21 programme. These patients will be recalled when their next smear becomes due. These patients are not included in the practice's submitted data.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- Same day appointments and longer appointments were offered when required.
- The practice maintained a register of patients with a learning disability but the practice was not offering patients with a learning disability an annual health check. We did not see evidence that health checks had been carried out for this group even before the Covid-19 pandemic. The practice could not assure us that these patients' physical health needs were being proactively identified and met in line with national guidance.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered shared care and ran a regular clinic for patients with substance misuse problems.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered a weekly session with a mental health peer support worker from a local voluntary organisation. The session had continued to run online during the Covid-19 pandemic and we were told that patients had greatly valued the service during this period.
- The practice offered access to counselling.
- The practice did not have a system for following up patients with diagnosed mental health problems who failed to attend for administration of long-term medication.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QoF)</small>	97.1%	87.8%	85.4%	No statistical variation
PCA rate (number of PCAs).	1.4% (1)	7.9%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QoF)</small>	100.0%	77.8%	81.4%	Variation (positive)
PCA rate (number of PCAs).	0.0% (0)	4.3%	8.0%	N/A

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	508.29	Not Available	533.9
Overall QOF score (as a percentage of maximum)	90.9%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	5.2%	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.	N
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.	Partial

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

The practice had carried out an audit of vitamin D prescribing in October 2020. The audit had assessed practice prescribing against good practice guidelines and highlighted patients who could potentially benefit from being prescribed vitamin D or whose current prescription might not be optimal. The practice planned to carry out a re-audit in 2021 to ensure that improvements had been implemented and sustained.

Any additional evidence or comments

- The practice took part in national quality improvement initiatives, for example the National Cancer Diagnosis Audit, and actively reviewed aspects of performance, for example antibiotic stewardship.
- The practice had markedly improved its performance on the Quality and Outcomes Framework since our previous comprehensive inspection in October 2019. The overall percentage of QOF points achieved had risen from 75% to 91% suggesting it had successfully focused on areas of concern.
- Unplanned admissions were monitored for those patients identified at risk. The practice had access to performance dashboard data on unplanned admissions. However, in our interviews with clinicians it was unclear whether this data was kept under active review.
- The practice did not have a developed audit plan and staff struggled to describe examples of completed two-stage cycles of clinical audit that had led to improved practice or patient outcomes.
- We found that the practice was not always prescribing combinations of medicines known to have potential harmful interactions in line with guidelines. This pointed to gaps in performance monitoring and audit.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Since our previous comprehensive inspection in October 2019, the practice had introduced clearer arrangements for clinical oversight, supervision and appraisal. Staff we spoke with told us they were well supported professionally. • The practice provided documentary evidence of regular supervision for the non-medical prescriber and this was verbally confirmed by the prescriber themselves during the inspection visit. • The practice had introduced a revised induction programme for new staff since the previous comprehensive inspection in October 2019. The staff team had been stable and this had not yet been used. The programme did not yet include specific competency goals which were tailored to role. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice website had been updated since the start of the Covid-19 pandemic to provide more information about appropriate self-management of long-term conditions and minor ailments and further sources of advice and support. The practice's uptake rate for population cancer screening programmes had remained below average in 2019/20. 	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: The practice did not carry out any interventions requiring written consent from patients. Verbal consent was recorded in patient records, for example, before administering procedures such as immunisation.	

Caring

Rating: Good

At this inspection we rated the practice as Good for providing caring services. The practice was also rated Good for this key question at our previous inspection in October 2019

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Source	Feedback
Patient reviews	Recent NHS internet reviews about the practice were positive with patients commenting on the ease of accessing the service and the helpfulness of staff.
Staff interviews	Staff were able to provide examples of ways in which the practice had treated patients with care and consideration.

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)	84.3%	85.8%	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)	75.2%	83.5%	87.0%	Tending towards variation (negative)
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)	91.4%	93.2%	95.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	84.2%	75.7%	81.8%	No statistical variation

Any additional evidence or comments

The practice had reorganised its staff team (for example, employing a former locum as a salaried GP) and seen the return of one of the GP partners from a period of planned absence. The team were confident that these changes were having a positive impact on patient experience and continuity of care.

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

Any additional evidence

The practice had carried out its own survey of 2000 patients in the summer of 2020. The practice was keen to explore patients' experience of the service during the Covid-19 pandemic, particularly around patients' views of using the service remotely. The results showed that patients had adapted to the changes, were confident in the quality of advice and treatment they were receiving.

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

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)	88.9%	89.8%	93.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
				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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had recently increased the range of information available to patients on its website and this was clearly organised and immediately accessible in different languages. Patients also had access to the primary care network's social prescriber who was able to signpost patients to local resources and support. 				

Carers	Narrative
Percentage and number of carers identified.	99 carers (1.7%)
How the practice supported carers (including young carers).	The GP maintained a register of patients who were carers. There was a flag on carers' records, enabling the practice to systematically call carers for flu immunisation.
How the practice supported recently bereaved patients.	The practice called or sent a letter to patients who had suffered a bereavement. They also gave them with a list of services that provided support locally including services tailored to children and families.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice was utilising fewer clinical rooms and areas of the surgery during the Covid-19 pandemic to enable it to control the flow of patients in and out of the surgery. Patient privacy was well protected. In more normal circumstances, the practice was constrained by the internal layout of the building with a narrow corridor around the reception area. The practice had positioned 	

markings on the floor here to signpost where patients should wait to protect patient privacy and mitigate the risk as far as possible.

- We were told that the practice was seeking to move into more suitable premises in the longer term but these plans were at an early stage and not likely to be realised in the next 12 months.

If the practice offered online services:

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

Responsive

Rating: Good

At this inspection we rated the practice as Good for providing responsive services. The practice was also rated Good for this key question at our previous inspection in October 2019.

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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Since our previous comprehensive inspection, the practice had redecorated the practice and replaced any worn or substandard furniture in the waiting rooms.• The practice was located in an older, converted property. The layout restricted the practice's ability to implement a one-way patient flow system during the Covid-19 pandemic. We were told that the practice was seeking to move into more appropriate premises in the longer term.• The practice appeared to be fully complying with the requirements of the Accessible Information Standard and the administrative staff had been trained on this. However, the practice manager told us that they had not systematically reviewed practice provision against the standard.	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

Appointments available:
Availability of appointments varied by individual clinician and type of appointment. Appointments were available from 8am for patients in vulnerable circumstances.

Monday	8:45am-7:45pm (pre-booked appointments only after 6pm)
Tuesday	8:45am-6pm
Wednesday	8:45am-6pm
Thursday	8:45am-6pm
Friday	8:45am-6pm

Older people

Population group rating: **Good**

Findings

- All patients had a named GP. The practice team had stabilised since the return of the lead GP from a period of planned leave and the practice was able to offer continuity of GP.
- The practice was responsive to the needs of older patients. Since the outbreak of the Covid-19 pandemic, the practice had coordinated with community-based health services to ensure patients with enhanced needs or complex medical issues received home visits as appropriate.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: **Good**

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.

Families, children and young people

Population group rating: Good

Findings

- GP and nurse appointments were available outside of school hours.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered the 'e-consultation' service in addition to telephone consultations and we were told that this had proved popular with this population group.
- Practice patients had access to extended primary care services outside of working hours. The extended service was operating primarily through telephone consultations during the Covid-19 pandemic. Eligible patients were able to book their cervical smear through the extended service.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- During the Covid-19 pandemic, patients with a learning disability were able to book the first face-to-face appointments of the day to minimise any risk of cross-infection.
- During the Covid-19 pandemic, the practice had identified patients without telephone access and allowed these patients to make appointments by attending the surgery.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice had identified the population as having a high prevalence of mental health needs and provided additional services for this population group. For example, providing patients with more severe mental health problems with access to a mental health peer support worker who was attached to the practice.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence: During the Covid-19 pandemic, the practice had coordinated with community health and social services to provide home visits depending on the patients' needs.</p>	

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)	88.7%	N/A	65.2%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	58.1%	59.4%	65.5%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	63.3%	59.1%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	55.8%	64.3%	72.7%	Tending towards variation (negative)

Any additional evidence or comments

- The practice had worked on an action plan following the publication of the national GP patients survey results. As a result of patient feedback about the types of appointment available, it now provided face-to-face appointments from 8am for patients in vulnerable circumstances.
- The primary care network had provided dedicated Saturday morning flu clinics.
- The practice had carried out an inhouse survey of 2000 patients to check that the service remained accessible during the Covid-19 pandemic and to assess patients' views of online and remote consultations. The results showed that patients who had used the service had been able to access appointments when needed and had understood the guidance on how to make appointments. Patients were split on whether they would like to continue to use remote access in the longer term.
- The NHS 111 service was able to directly book registered patients who contacted 111 into the practice appointment system, if a GP or practice nurse consultation was the most appropriate option for their symptoms.

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.	One
Number of complaints we examined.	One
Number of complaints we examined that were satisfactorily handled in a timely way.	One
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice monitored patient feedback and reviews provided online and posted responses where appropriate.• Complaints were a set agenda item at the practice staff and clinical meetings. Administrative staff understood the process. The manager kept a log of complaints, actions and learning.	

Well-led

Rating: Requires improvement

The practice had made improvements since our previous comprehensive inspection in October 2019. At that time the practice was rated Inadequate for being well-led.

The practice could now demonstrate that it had a stable leadership and clinical team with clear roles and responsibilities. The management of risk had improved and so had practice performance overall.

While we recognised these improvements, we found that there remained gaps in governance. In particular the practice was not always treating patients prescribed certain combinations of medicines in line with guidelines. The practice did not have a clear programme of clinical audit activity linked to practice priorities and no clear strategy for improvement of those remaining areas where it was performing below average.

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: The composition of the senior practice team had changed since our previous comprehensive inspection. One of the clinical partners had left and the other had returned to work at the practice following a period of planned absence. <ul style="list-style-type: none">• There was greater clarity about the division of responsibilities and roles at the practice since the comprehensive inspection.• The leaders had acted to create a more stable staffing structure by recruiting a salaried GP (formerly a regular locum) who had been allocated a range of responsibilities (for example, supervision of the non-medical prescriber) in addition to providing clinical care.• All staff we interviewed were positive about the quality of leadership at the practice.	

Vision and strategy

The practice was developing 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.	Partial
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.	N
Staff knew and understood the vision, values and strategy and their role in achieving them.	N
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence: The practice was developing its mission statement and values at the time of this inspection. We were told these had not yet been discussed with staff or the patient participation group. Staff we interviewed were unaware of the proposed values.</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We were provided with the practice's whistleblowing policy and duty of candour policy both of which had recently been reviewed. The practice was able to demonstrate that it had been honest and open with a patient following an incident which required a procedure to be repeated. The practice had improved its recording of staff training; qualifications; professional registration and immunisation status since our previous comprehensive inspection. All staff had undertaken equality and diversity training. 	

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

Source	Feedback
Staff interviews	Staff consistently told us the practice was a good place to work with a supportive and friendly team. One person, who had worked in several practices, said that Chichele Road Surgery was the best in their experience.

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
<p>Explanation of any answers and additional evidence:</p> <p>Since the previous comprehensive inspection, the practice had reviewed its governance arrangements.</p> <ul style="list-style-type: none"> The practice held regular partnership meetings; weekly clinical meetings and monthly practice meetings. Standard agenda items included safeguarding, complaints and any significant events. All meetings were being clearly recorded including multidisciplinary team meetings. There were clearer arrangements for clinical oversight, supervision and appraisal. The practice provided additional evidence on clinical supervision for nursing staff immediately following the inspection visit. Staff we spoke with told us they were well supported professionally. The practice partners were not actively monitoring some key delegated roles or tasks. For example, the lead GP was unclear when asked about the clinical supervision arrangements for 	

the non-medical prescriber. The practice was able to clarify this with supporting evidence the following day.

Managing risks, issues and performance

There were clear and effective processes for managing most risks and issues.

	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.	N
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our previous comprehensive inspection, we identified several safety risks including the practice's management of medicines requiring monitoring; prescription security; the implementation of safety alerts; monitoring of urgent referrals and environmental risk assessment and mitigation. At this inspection, the practice demonstrated it had put in place systems to ensure these risks had been addressed and these were working effectively. The practice had improved its systems to respond to current national medicines safety alerts. However, the practice had not yet reviewed the extent to which it was treating patients in line with guidelines in relation to the prescribing of combinations of medicines already known to have potentially harmful interactions. Our virtual searches identified some areas where guidelines were not always being followed and there was no documented rationale. The lead GP told us they would carry out the relevant reviews following the inspection. The practice was able to evidence some audit and improvement activity but had not developed a clinical audit programme linked to practice priorities. 	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Partial
Performance information was used to hold staff and management to account.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice could demonstrate improved performance as measured by published clinical performance indicators since our previous comprehensive inspection. The practice had not investigated the reasons that its performance for secondary prevention of coronary heart disease was markedly below average and could not provide us with any explanation for this. 	

If the practice offered online services:

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group (PPG).	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 was working with partner agencies and professionals to provide effective primary care services to the local community. It had established a virtual PPG and staff told us they were involved in discussions around the planning and delivery of services.• The practice was able to provide us with examples of partnership working, including working with other practices in the primary care network to ensure that patients were able to access services during the COVID-19 pandemic.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• The practice had an active PPG of six members who had met regularly. Communication had been via online since the start of the Covid-19 pandemic.• The PPG and practice manager produced an annual newsletter outlining issues that had been discussed and any resulting improvements that patients might like to know about.

Continuous improvement and innovation

There was 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">• The practice had developed a structured action plan in response to the previous CQC inspection and other recommendations (for example, the recommendations made in the practice's fire safety assessment). The practice had made substantial progress against the issues identified at the last comprehensive inspection.• The practice had implemented more formal systems to share learning, for example, through regular and documented clinical and team meetings. Meeting notes were shared with members of the team unable to attend.• The practice had reviewed and updated its significant events policy. The practice had identified several incidents for review in recent months including positive feedback and shared this with the wider team.	

Examples of continuous learning and improvement

- The practice had recently signed up to the "C the Signs" programme with the aim of detecting cancers earlier.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- $\%$ = per thousand.