

Care Quality Commission

Inspection Evidence Table

Ratby Surgery (1-5379602202)

Inspection date: 22/11/2019

Date of data download: 29 October 2019

Overall rating: Good

Safe

Rating: Good

At the last inspection in April 2019 we rated the practice as Inadequate for providing safe services because:

- There had been insufficient health and safety risk assessment for the premises and action plans had not been completed.
- We found that records needed to be reviewed to update the safeguarding registers to ensure they were current.
- At the time of our inspection the practice were unable to provide evidence of medical indemnity insurance relating to the practice nurse up to 1 April 2019. However, from 1 April 2019 the nurse would have been covered by the new national scheme for medical indemnity cover.
- The infection control lead had not undertaken specific training to enable them to fulfil this role.
- The practice had not been receiving all MHRA alerts and were therefore not aware of all published alerts. Following our inspection, the practice provided an audit of MHRA alerts from April 2018, evidencing they had been reviewed and acted upon where necessary.

At this inspection, we found that the provider had satisfactorily addressed these areas and is now rated **Good** overall.

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes

Safeguarding	Y/N/Partial
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
Staff who acted as chaperones were trained for their role.	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
We found that safeguarding registers were up to date.	

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
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
At the previous inspection the practice was not able to produce evidence of staff vaccination status for three members of staff. We reviewed the records and found that all staff had up to date vaccination status.	
The practice had medical indemnity insurance for all relevant staff	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: March 2019	Yes
There was a record of equipment calibration. Date of last calibration: 23rd April 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: November 2019	Yes

There was a log of fire drills. Date of last drill: September 2019	Yes
There was a record of fire alarm checks. Date of last check: weekly checks undertaken	Yes
There was a record of fire training for staff. Date of last training: ongoing and undertaken annually	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 23rd April 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
<ul style="list-style-type: none"> • Risk assessments were in place, up to date and any actions identified had been addressed for example, emergency lighting had been identified as ineffective in the most recent risk assessment. The practice had arranged replacements throughout the building which was now completed. • Fire drills were carried out quarterly • Smoke detector batteries were changed annually (May) 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 23rd April 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 23rd April 2019	Yes
Since the last inspection the practice had employed the services of an external contractor to carry out risk assessments annually.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
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:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<ul style="list-style-type: none"> • Following the last inspection and the infection control and other risk assessments a number of areas were identified as requiring attention. The practice put plans in place for example, carpet cleaning was completed 3 times a year in holiday periods to minimise disruption to patients and 	

staff (Christmas, Easter and august bank holiday every year).

- The practice had engaged with the CCG infection control team and had completed a thorough audit with an action plan that had been completed. This was confirmed by the CCG and we saw documentary evidence on the day.

Risks to patients

There were systems in place 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
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Staff explained the sepsis training that they had undertaken and what they would look for and what to do if a patient appeared to be deteriorating. There were posters and flow charts in clinical rooms available to staff.	

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
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented 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
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.	Yes
<ul style="list-style-type: none"> The practice used the PRISM “Pathway and Referral Implementation System”, which worked alongside the practice clinical record system. The system ensured there were effective and consistent referral letters. The referral pathways also included helpful prompts, response driven questions and patient information leaflets to ensure that the most up-to-date information was to hand for reference and printing when required. The practice used a buddy system to ensure blood tests were reviewed and acted upon when clinicians were away from the practice, for example, when on leave. The practice had participated in a federation wide initiative for handling workflow. This was intended to give consistency to Read coding and save time for the practices as 90% of correspondence could be dealt with by the dedicated workflow team within the federation. The practice had carried out audits of this work and found two errors with this system so had raised it with the workflow team and logged a significant event. The practice put in place protocols to address this issue. 	

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) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.63	0.88	0.87	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	7.7%	9.6%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	4.00	5.15	5.63	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic	1.81	2.32	2.08	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)				

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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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
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
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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> We saw evidence that the practice were the lowest antibiotic prescribers in the locality, this had been maintained since 2018. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> Since the last inspection the practice had reviewed and amended the cold chain policy and had increased checks of the secondary thermometer. We saw documentation to support this. 	

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:	5
Number of events that required action:	5
<ul style="list-style-type: none"> Significant events were well documented and had been investigated. The practice took action where appropriate to prevent a reoccurrence. Since the last inspection the system had been improved by incorporating a review process to confirm that actions were implemented, they were effective and trend analysis was undertaken. Staff were aware of significant events that had taken place and we saw that they were discussed at practice meetings. 	

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

Event	Specific action taken
An appointment reminder text was sent to the wrong patient who had the same name as a family member	The practice reviewed this incident and put in place date of birth checks by staff before any conversations or bookings for patients
Workflow team failed to detect a change in a patient's medicines in a hospital letter which stated, 'continue x dose' when in fact the dose had been increased despite saying 'continue'. This letter was not picked up as it was not thought to be a dosage change. It was however found during a medicine review	The workflow team were informed. The practice changed their protocol to check all medicines regardless of whether the discharge letter or clinic letter stated 'continue' or no change. The practice continued to regularly audit the workflow process.

Safety alerts	Y/N/Partial
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There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>At the last inspection it was found that not all safety alerts had been received by the practice. This was acted upon immediately and we saw that there was now a comprehensive process in place. We checked several alerts and at the time of inspection and found that all alerts were checked, patient searches carried out and where necessary contact made to either advise of changes to medicines or a request to see the GP. For example:</p> <ul style="list-style-type: none"> • Patients who had been prescribed rivaroxaban (to treat irregular heartbeat) were contacted and had their medicines changed to an alternative. • Two patients who were prescribed febuxostat (to treat gout) had been contacted and changed to an alternative. • We found that a search had been undertaken and no patients of childbearing age were prescribed sodium valproate. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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.	Yes
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 used digital services securely and effectively and conformed to relevant digital and information security standards.	N/A

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.89	0.69	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- Patients with multiple long-term conditions and frailty were invited to reviews with a GP to discuss their care and put an individual Integrated Care Plan in place with their specific wishes for their medical care.
- All patients had named GPs and were encouraged to see the same GP of their choice for continuity of care but could see any GP of their choosing.
- 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. One of the partners was the federation clinical lead for frailty and integrated working between community health and social care within our local district.

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice did not have responsibility for a specific care home but continued to care for patients already registered with the practice when they moved into local care homes.

People with long-term conditions

Population group rating: Good

Findings

- All patients with long term conditions or pre-diabetes are on a recall program for regular reviews of their health. One of the partners was the clinical lead. 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 held three monthly Multi-Disciplinary Team meetings with the local community nursing and palliative care teams to discuss relevant patients to improve patients' care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. For example, the clinicians performed opportunistic pulse checks and two finger ECG monitoring to pick up atrial fibrillation. The practice's prevalence had improved from 1.3% in March 2017 to 1.9% at the end of October 2019. They also provided an anti-coagulation service within the practice for patients with this condition.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

- Patients with COPD were offered rescue packs where required and appropriate.
- Patients with asthma were offered an asthma management plan.
- Patients could access 24-hour blood pressure monitoring within the practice and a blood pressure machine for patients was available in the waiting area. These investigations contributed to the increase in diagnosed prevalence of hypertension in patients which had increased to 15% currently from 13% in March 2015 and improved hypertensive control for patients with hypertension, ischaemic heart disease and diabetes.
- The practice referred patients with long term conditions for appropriate education courses to help them to manage their condition. They had referred 93% of newly diagnosed patients with diabetes for the diabetes educational course in 2018/2019.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.7%	82.3%	79.3%	No statistical variation
Exception rate (number of exceptions).	6.7% (15)	12.2%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.3%	77.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	6.7% (15)	10.3%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.0%	83.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	7.6% (17)	11.6%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23	81.0%	76.5%	75.9%	No statistical variation

(01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	2.5% (6)	7.1%	7.4%	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 (01/04/2018 to 31/03/2019) (QOF)	91.2%	87.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	11.2%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	87.6%	83.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (17)	4.0%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	92.2%	92.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	1.9% (1)	4.6%	5.9%	N/A

Any additional evidence or comments

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Families, children and young people

Population group rating: Good

Findings

- Childhood immunisations were above 97% for all preschool immunisations. We were told if children miss appointments parents/guardians were contacted to rearrange the appointment. If they declined or missed multiple appointments this was flagged to a GP to review to establish if it is a safeguarding concern.
- The practice had recently reviewed nonattendance at a practice meeting and the timing of some appointments had been moved to later in the day to aid working parents attending with their children.
- The safeguarding lead that attended all safeguarding meetings and disseminated the learning points to the relevant staff at practice meetings.

- Pregnant women who were prescribed long term medications were offered a medication review once they become pregnant and again following delivery.
- The practice offered regular antenatal services onsite for pregnant patients.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	46	47	97.9%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	41	44	93.2%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	41	44	93.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	41	44	93.2%	Met 90% minimum

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients were offered NHS health checks for patients aged 40-74 and had enrolled in the Genetics and Vascular Health Check Study (GenVasc) which studied genetic risks of cardiovascular disease in this patient group. 56% of eligible patients had received one since April 2019.

- Patients were offered online access to appointment booking, repeat prescription ordering and notes, and 29% of the patient list had registered to do this.

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) (01/04/2017 to 31/03/2018) (Public Health England)	75.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	78.0%	77.1%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	55.2%	62.6%	57.3%	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. (01/04/2017 to 31/03/2018) (PHE)	61.9%	67.9%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	46.7%	57.5%	51.9%	No statistical variation

Any additional evidence or comments

We discussed the lower results for cervical screening with the practice. They told us they had recognised this and were using the Monday evening nurse appointments to encourage women to attend who were not able to during normal appointment times. Current data had shown an improvement to 79.7%

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which 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 reviewed young patients at local residential homes.
- The local traveller's health visitor attended practice meetings to present to the partners.
- Although the practice did not have specific care home allocated to them, each home was allocated to particular GPs for continuity of care.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- All patients on medicine for their mental health had recalls in place and were invited for a review of their condition and medicines annually. There was a system for following up patients who failed to attend these reviews.
- 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.0%	94.0%	89.4%	No statistical variation
Exception rate (number of exceptions).	35.5% (11)	36.3%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	94.2%	90.2%	Variation (positive)
Exception rate (number of exceptions).	22.6% (7)	29.6%	10.1%	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	83.3%	82.9%	83.6%	No statistical variation

months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	14.3% (4)	9.4%	6.7%	N/A

Any additional evidence or comments

Patients with severe ongoing mental health problems were offered mental and physical health reviews with the local mental health facilitator who developed a comprehensive care plan with the patient.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.2	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.9%	No Data	96.4%
Overall QOF exception reporting (all domains)	4.4%	No Data	No Data

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

Audit of Oramorph Prescriptions

Following a complaint and suggestion of possible opioid overdose after a prescription of Oramorph (oral morphine sulphate) the practice undertook an audit of all Oramorph prescriptions. This looked at why they were on the medicine, whether it was an initiation or continuation of Oramorph, whether there were clear instructions including maximum doses and if not was this appropriate and could anything be improved. Overall the audit found that all prescriptions were appropriate. However, an area for improvement identified was on the maximum doses especially when initiating the medicine. As a result, the practice now set maximum doses on Oramorph prescriptions. A second cycle of the audit was undertaken in July 2019 to check this was being adhered to. The findings were that prescribing was appropriate and that clear instructions were given to all patients.

Atrial Fibrillation Audit

An audit was undertaken to look at prevalence and coding of patients with atrial fibrillation. They felt this

may affect the care of some patients due to incorrect coding. The first cycle was carried out in 2016 and the second cycle in 2019 the prevalence had increase from 1.3% to 1.8%. This confirmed that the prevalence was low, and the coding was correct. Patients identified were prescribed anticoagulation medicine and continued to be reviewed to reduce the risk of having a stroke.

Any additional evidence or comments

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.	Yes
The learning and development needs of staff were assessed.	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
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
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
At the last inspection it was identified that there was no formal system to ensure the competence of the practice nurse. One of the partners had undertaken this role, the nurse was attending clinical meetings in the practice, federation educational meetings and was linking in with peers locally for additional support. We noted that appraisals were very detailed, objectives and competencies measured. There was a development summary, assessment levels rating (outstanding, standard, less than standard performance, unsatisfactory) and other areas of discussion.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

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, tackling obesity.	Yes
<ul style="list-style-type: none"> The practice and the Patient Participation Group worked with the local church to support the local listening service to support patients and the local community. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma,	97.7%	95.0%	95.0%	Tending towards variation (positive)

schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.6% (5)	0.8%	0.8%	N/A

Any additional evidence or comments

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
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation principles.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	42
Number of CQC comments received which were positive about the service.	41
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	comments included that <ul style="list-style-type: none"> • Patients felt they were treated well; the staff provided a very good service. • Appointment availability was good. • Clinicians were compassionate, professional and friendly.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3794.0	321.0	116.0	36.1%	3.06%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	94.3%	88.8%	88.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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 (01/01/2019 to 31/03/2019)				
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 (01/01/2019 to 31/03/2019)	95.3%	86.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	98.7%	95.7%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	92.9%	82.7%	82.9%	No statistical variation

Any additional evidence or comments

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

Any additional evidence

The practice regularly carried out a detailed analysis of all feedback received from a range of sources including NHS choices, the PPG, NHS friends and family test and Facebook and other social media. The comments findings were discussed at practice meetings and following this an action plan was produced. For example, the railings by the entrance had been painted to assist partially sighted patients when entering the premises.

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.	Yes

Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<ul style="list-style-type: none"> • Easy read and pictorial materials were available, we saw examples of a flu leaflet for patients with learning disabilities and in large format for those who were visually impaired. • All patients could be referred to the local Ratby listening service. 	

Source	Feedback
Interviews with patients.	Patients we spoke with commented on helpful staff, good explanations given for medicines and treatment plans.
NHS Choices	Of the 15 reviews 13 were very positive with only two negative comments with no theme. Patients commented on helpful and caring staff and ease of getting an appointment and an excellent standard of care. The practice had responded to all comments

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 (01/01/2019 to 31/03/2019)	98.2%	94.9%	93.4%	No statistical variation

Any additional evidence or comments

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<ul style="list-style-type: none"> • There was a range of information on local groups in the waiting area 	

Carers	Narrative
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Percentage and number of carers identified.	68 patients as carers which represented approximately 2% of the practice population. Of these three were classed as 'young' carers to ensure they received appropriate support.
How the practice supported carers (including young carers).	Carers were supported by ensuring that they were offered influenza vaccinations. The practice website contained links for further sources of support and the waiting room had a Carers' Corner with information, signposting and sources of support.
How the practice supported recently bereaved patients.	The practice offered a bereavement calls to the relatives and carers of every patient who died. This was offered whether or not the individual was a registered patient at the practice.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<ul style="list-style-type: none"> Due to the restrictions of the building the practice had provided seating away from the desk to maintain confidentiality for patients. A separate room was also available for patients who were distressed or wished to talk to someone in private. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<ul style="list-style-type: none"> The practice provided extended hours on a Monday evening with GP and nurse appointments available until 7.30pm. This was put in place to address feedback received from patients. An additional extended hours service was commissioned by the CCG and appointments were available in early morning, evenings and weekends at the following locations and could be made through the practice: Loughborough Urgent Care Centre at Loughborough Community Hospital, and Coalville Community Hospital Centre Surgery, Hinckley. The practice had made some adjustments for patients who found it hard to access the service such as painting the handrail at the entrance to the practice in yellow to assist visually impaired patients. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8.10am to 7.30pm
Tuesday	8.10am to 5.30pm
Wednesday	8.10am to 5.30pm
Thursday	8.10am to 5.30pm
Friday	8.10am to 5.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3794.0	321.0	116.0	36.1%	3.06%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	97.2%	94.1%	94.5%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- Older patients who were unable to get to the surgery were offered home visits. For acute problems that were triaged and if the patient not able to wait for a GP to visit, patients were referred to the Derbyshire Health United (DHU) home visiting service (which provides services across the East Midlands) immediately.
- The practice worked with the PPG and a local community group to be able to refer patients to a local befriending scheme for isolated patients to become involved in events in the village.
- Patients with multiple long-term conditions and frailty are invited to reviews with a GP to discuss their care and put an individual Integrated Care Plan in place with their specific wishes for their medical care.

People with long-term conditions

Population group rating: Good

Findings

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

- All patients with long term conditions or pre-diabetes were on a recall program for regular reviews of their health.
- The practice engaged in audits to ensure that patients notes coding was correct and that patients with long term conditions were not missed off from these reviews.
- MDT meetings were held quarterly with the local community nursing and palliative care teams to discuss relevant patients to improve their care.
- Patients with multiple long-term conditions and significant frailty were flagged on their notes for staff. They could be offered longer appointments if required.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The safeguarding lead that attends all safeguarding meetings and disseminated the learning points to the relevant staff at practice meetings.

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 had extended its times on Mondays to address patients' comments.
- The practice offered extended hours through a local agreement where the practice offered GP appointments and phone calls to patients between 6.30pm and 8pm on Monday evenings for people with non-urgent medical problems who were not able to attend appointments during core hours.
- The practice actively engaged with the Extended Access Service which offered appointments for patients in evenings and weekends with a GP.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. All patients in this group were offered a yearly health check and the partners had invited the local traveller's health visitor to present to the partners.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- There was a hearing aid loop system available for patients who were hard of hearing and patients were able to collect replacement hearing aid batteries from reception.
- The practice held a monthly safeguarding meeting and Gold Standards framework meetings every three months to discuss terminally ill patients and review those patients who had passed away since the last meeting.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients with severe ongoing mental health problems were offered mental and physical health reviews with the mental health facilitator who developed a comprehensive care plan with the patient.
- All patients on medication for their mental health had recalls and were called in for a review of their condition and medication annually.
- Practice staff used the GPCog dementia screening tool and have increased the prevalence of dementia to over 100% of the expected diagnosis rate from 11 patients in March 2015 to 30 in October 2019.

- Face to face reviews with GPs were completed for over 80% of patients with dementia and assessments carried out to confirm whether a care plan was appropriate for them.

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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
In response to patient comments the practice offered evening appointments on Mondays	

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 (01/01/2019 to 31/03/2019)	92.6%	N/A	68.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	88.5%	66.0%	67.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	82.7%	61.6%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	88.3%	75.1%	73.6%	Tending towards variation (positive)

Any additional evidence or comments

The practice had made a number of changes to the appointments system including emergency telephone triage appointments and on the day bookings which GPs could add to the system if required following a telephone consultation.

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.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>The partners recognised that as they were all related, a balanced and independent view needed to be taken with complaints and significant events. Therefore, they gave this responsibility to the strategy manager who was no relation to any of them.</p> <p>The strategy manager recorded all written and verbal complaints on a spreadsheet and carried out an analysis of complaints by service area and by subject.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained about questions asked by reception staff and confusion over telephone calls to give test results	The practice reviewed the communication both in person and on the telephone. An apology was given to the patient and an explanation as to why it was necessary to establish who had requested the sample. The practice discussed how messages were left on patients' answerphone and it was agreed to maintain confidentiality that the caller would only say for the patient to expect a telephone call today.
A patient complained that their request for a referral to secondary care.	This complaint was dealt with by NHS England. The practice provided all relevant information and the complaint was not upheld. The practice reviewed the complaint and agreed to give a more detailed explanation to patients to help manage their expectations.

Well-led

Rating: Good

At the last inspection in April 2019 we rated the practice as requires improvement for providing well led services because:

- Health and safety systems were not effective in the practice which put the staff at risk.
- The assurance systems relating to health and safety, fire safety and infection control were not reviewed effectively to identify where improvement was required.
- There was a lack of clear fire processes in respect of a fire incident.
- Information in some risk assessments or audits relating to the premises were not accurate as it had not identified risks or mitigation required.
- The practice was supportive of training and encouraged development of staff, for example they were in the process of upskilling the practice nurse to enable them to expand their role. However, from what we were told and meeting minutes we reviewed, the practice nurse was not included in any clinical meetings to enable her to share learning and keep up to date with current practice.

At this inspection, we found that the provider had satisfactorily addressed these areas and is now rated good overall.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels and they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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
The partners were aware of the physical limitations and age of the current building and had been working for some time in order to secure new, purpose-built premises. This would enable the practice to increase clinical space and patient services including minor injuries and providing space to become a training practice and take on both doctor and nurse students.	
The partnership included two generations of the same family with succession planning in place for the younger family members to continue the service into the future.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
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
The partners had identified that the current building was no longer suitable for their needs or offered the opportunity to expand and offer additional services and to be able to become a training practice. The partners had purchased a piece of land near to the current building and had secured funding and support to continue to the planning application stage. The vision was to provide the staff and the local community with a purpose-built facility that would allow better patient access, additional community services and minor surgery. They were in the process of developing the planning application for this development and were engaged with the CCG and the local federation.	

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's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. 	

- The practice provided a summary of all patient feedback and actions which was discussed at staff meetings and with the PPG

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

Source	Feedback
Staff members	<ul style="list-style-type: none"> • Staff reported that they were proud of the organisation as a place to work and spoke highly of the culture. • Staff told us they received informal support when required and could request learning and development at any time. • Staff felt they were treated equally. • There were a lot of long serving staff

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
<p>At the last inspection it was noted that staff were not wholly engaged with meetings.</p> <ul style="list-style-type: none"> • All clinicians attended the weekly 'Monday Meeting' which was the forum at which significant events analyses, complaints, compliments, new policies and procedures were discussed as well as feedback from courses attended and clinical cases were reviewed. Since the last inspection the nurse was now included in these meetings for areas relevant to her role. • Communication was effective and organised through structured, minuted meetings. • All clinicians met daily to discuss work prioritisation and vulnerable patients as well as difficult cases and current events. Key community team members also met daily on site including the community matron and district nurses and the local traveller liaison officer. The practice had organised for a member of the traveller community to attend a meeting to give help the partners gain an understanding of the issues that this group face for example registration and access to services. 	

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 systematic programme of clinical and internal audit.	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
<ul style="list-style-type: none"> • The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned. • We reviewed personnel files including performance reviews and found that the appraisals were detailed, with objectives and competences measured. There was a development summary, assessment levels rating (outstanding, standard, less than standard performance, unsatisfactory) and other areas of discussion. • Major incident awareness was evident, and staff were able to describe what their actions and responsibilities would be in the event. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<ul style="list-style-type: none"> • Since the last inspection the practice had undertaken risk assessments and they had renewed the emergency lighting and had made changes to legionella testing in line with their action plan 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff feedback highlighted a strong team with a positive supporting ethos. • Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered. • The practice produced a quarterly newsletter with updates on practice news, health promotion and staff changes. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • Four members of the Patient Participation Group (PPG) attended a meeting on the day of the inspection. The group was made up of a good cross section representing the patient list including young people and those with multiple disabilities. The group had eight members and have engaged with young people in the local community through social media and meet quarterly. They had terms of reference, an action plan and sent a representative to the locality group. • The PPG said that they had been involved in many aspects of the practice. These included providing feedback about the refurbishment of the practice and consultation on the proposals for the new site. • The group place an article in the local parish magazine giving information on current issues and topical areas for example, keeping fit for Christmas. • The members reported close and effective relationship with the partners and staff at the practice. The group had supported the practice following the last inspection. We were told about the different ways that the practice had responded to requests from the group including: <ul style="list-style-type: none"> - tailoring ways of communicating by email or hard copy according to patients' need. - making changes to the practice website to make it accessible for patients with sensory loss. - Arranging the hearing aid battery exchange.

Any additional evidence

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
<ul style="list-style-type: none"> All the partners gave a presentation at clinical meetings on a specific clinical area of interest, on a rota basis. This enabled sharing new research and evidence and promoted a consistent approach to good practice. 	

Examples of continuous learning and improvement

- The practice held Practice Protected Learning Time training sessions with all staff
- The practice had engaged with the NHS England Productive General Practice Scheme.

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.