

Care Quality Commission

Inspection Evidence Table

Lathom House Surgery (1-4628401367)

Inspection date: 1 October 2018

Date of data download: 26 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
GPs and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: We reviewed a sample of four staff files and found that some records such as professional and character references and evidence of identity were not available. We discussed this with the business manager who stated that verbal references had been obtained for the employees however	

records of these conversations had not been made. We were informed that staff identity information had been received however this had been destroyed to ensure compliance with data protection legislation. The business manager confirmed they would update these records.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 23/05/2018	Yes
There was a record of equipment calibration Date of last calibration: 20/12/2017	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs: 17/04/2018	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: November 2017	Yes
Actions were identified and completed. Areas identified in the fire risk assessment included making sure fire exits were not blocked and exit signs were displayed. These issues were resolved by January 2018	
Additional observations: The GP practice was clean and tidy and fire exits were accessible.	
Health and safety Premises/security risk assessment?	Yes
Health and safety risk assessment and actions Date of last assessment: 18/10/2017	Yes
Additional comments: Building maintenance and safety certificates including asbestos and legionella were available. The practice had a lone working policy available and through discussion on the day of the inspection a lone working risk assessment was developed to support staff who worked on their own on occasion.	

Infection control	Y/N
<p>Policy in place reviewed in November 2017.</p> <p>Risk assessment</p> <p>Date of last infection control audit: An overarching infection prevention and control (IPC) audit was not yet in place.</p> <p>Detail:</p> <p>The practice had a range of audits available including daily cleaning records for clinical equipment, and regular cleaning audits. Staff were trained and were aware of their responsibility to maintain safe hygienic practices. Following a discussion, the business manager contacted the local health protection unit and arranged a visit by the infection prevention and control lead to support the practice with developing a comprehensive IPC audit.</p>	<p>Yes</p> <p>No</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>Staff had received training in recognising and responding to patients with suspected sepsis. Up to date information was readily available in the practice. The GP provided a recent example where a sepsis alert was flagged for a patient which resulted in rapid appropriate action to ensure the patient received treatment quickly.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes

Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	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
Explanation of any answers: Comprehensive logs to monitor patient communication and test results were maintained for two-week wait referrals, cytology and histology.	

Appropriate and safe use of medicines

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.07	0.86	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	7.9%	9.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	No
The practice monitored the prescribing of controlled drugs. (For example, audits for 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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes

For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>West Lancashire Clinical Commissioning Group (CCG) had recently introduced a new system of medicines management and support for GP practices within the group. The Prescription Ordering Direct (POD) service was managed by pharmacists and trained medicine coordinators. The purpose of the service was to support GP practices to monitor, manage and respond to prescription requests, queries and discharge medicines subject to the patient's GP approval. The POD had a standard operating procedure to work jointly with GP practices for the management of high risk medicines and ensuring patients were called in for appropriate health checks.</p> <p>We reviewed a sample of six patients prescribed high risk medicines and found there were issues with four of these. Issues included missed medication review dates and healthcare checks not undertaken at the required intervals. A protocol for the management of Lithium medicine was not available, however the GP wrote this on the day of the inspection. We noted systems for the monitoring of uncollected prescriptions were not in place and medicines held in GP's bags were not monitored. The GP confirmed that action to improve these areas would be undertaken.</p> <p>There was a range of medicine audits available, undertaken both by the GP and the POD (including one for controlled drugs) and these demonstrated improvements in prescribing.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to 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.	8
Number of events that required action	8

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

Event	Specific action taken
Two cytology smear samples were mislabelled and sent to the screening service.	The error was identified when the cytology results were checked against the patient record. Both patients were notified of the error and received an apology. Repeat smears were undertaken three months later. A Public Health England screening incident assessment form was submitted and other external healthcare screening bodies were notified. As a result of this error the practice introduced a sample labelling protocol, shared with the whole team and implemented. A three-month audit to monitor the effectiveness of this was arranged for 25 October 2018.
Patient admission to hospital from an outpatient appointment. Patients next of kin notified by the hospital as per patient's records however these were not up to date.	The practice reviewed the situation and updated the patient record with other next of kin details. The patient record was also flagged with alerts to ensure staff were made aware of the home situation quickly.

Any additional evidence
We noted three significant events investigated at the practice were because of a complaint. A system to analyse significant events to identify themes and trends was not in place.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>A policy for the management of patient safety alerts was in place. Alerts were disseminated to all staff and appropriate action undertaken as required. The medicine management team (POD) supported the practice with searches of patient records as required. For example, patients with osteoporosis and prescribed bisphosphonates. We saw records demonstrating that the practice took appropriate action in relation to alerts for Valproate (an anticonvulsant, also used as a mood stabiliser) and the blood testing equipment (CoaguChek) for those prescribed blood thinning medicine.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.83	0.67	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	79.2%	81.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (4)	7.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	70.4%	82.7%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (9)	5.3%	9.3%	
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 (01/04/2016 to 31/03/2017) (QOF)	80.9%	79.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (14)	11.4%	13.3%	

Other long term conditions				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	73.8%	79.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (7)	3.5%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	90.4%	92.7%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (6)	6.3%	11.4%	

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 (01/04/2016 to 31/03/2017) (QOF)	86.5%	86.4%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (17)	2.4%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	97.5%	85.1%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	15.1%	(14)	9.3%	8.2%	
Any additional evidence or comments					
In addition to written reminders the practice had implemented a programme of offering health care reviews opportunistically and calling patients directly to encourage them to attend their reviews.					

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	35	35	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	32	32	100.0%	Met 95% WHO based target (significant variation positive)
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) (01/04/2016 to 31/03/2017) (NHS England)	32	32	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	32	32	100.0%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	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) (01/04/2016 to 31/03/2017) (Public Health England)	77.6%	74.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.0%	72.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in	63.4%	57.0%	54.6%	N/A

last 30 months (2.5 year coverage, %)(PHE)				
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. (PHE)	80.0%	74.5%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	38.1%	42.8%	51.6%	Comparable with other practices
Any additional evidence or comments The practice had undertaken a comprehensive cancer audit reviewing referrals and ensuring patients were seen within two weeks. The re-audit in 2017/18 showed improvements.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	100.0%	86.7%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (3)	5.6%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	90.6%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (1)	4.9%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	87.2%	86.3%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	6.0%	(3)	6.0%	6.8%	
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Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544	544	539
Overall QOF exception reporting (all domains)	2.9%	4.2%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.5%	97.1%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (5)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice implemented protocols to ensure consent was sought and recorded appropriately. This included reviewing patient records when investigating significant events and complaints.</p> <p>The practice was aware of and complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with data protection legislation.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	20
Number of CQC comments received which were positive about the service	17
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards.	Seventeen CQC comment cards described the service, GPs and the reception team positively. Comments included 'welcoming', 'helpful', 'attentive' and 'respectful'. Three cards referred to difficulty with telephone and appointment access and two cards mentions the attitude of a reception team member.
Patient feedback	We spoke with four patients, who attended the practice to speak specifically with the inspection team. All spoke positively about the quality of care received. Patients described the practice, and GP care as 'excellent,' 'superb' and 'top dollar'.
NHS Choices	There were no ratings recorded on NHS choices website.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4349	235	110	46.80%	2.53%

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 (01/01/2018 to 31/03/2018)	96.1%	88.2%	89.0%	Comparable with other practices

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 treating them with care and concern (01/01/2018 to 31/03/2018)	97.3%	86.7%	87.4%	Variation (positive)
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 (01/01/2018 to 31/03/2018)	100.0%	96.0%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	98.2%	81.8%	83.8%	Variation (positive)
Any additional evidence or comments The practice team were proud of the positive patient feedback received.				

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

Date of exercise	Summary of results
August 2018	The business manager confirmed the practice received 16 responses to the survey. The practice scored well for most of the questions. The lowest scoring question was regarding the length of time patients wait to see a GP. The practice had reviewed how to improve this and planned to consult patients again in three months.

Any additional evidence
The practice had surveyed patients in May 2018 requesting feedback on the blood testing service they provided for patients who required blood thinning medicine. The practice received seven responses and all were positive, stating the local access to this service was very important to them.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The four patients we spoke with confirmed they were involved in the decisions regarding their care and treatment. We heard examples where appropriate referrals to secondary care were undertaken quickly. The patients we spoke with were overwhelmingly satisfied with the standard of care they received.

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 (01/01/2018 to 31/03/2018)	98.1%	94.4%	93.5%	Comparable with other practices

Question	Y/N
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 easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had 118 patients which equates to 2.7% of their patient population registered as a carer.
How the practice supports carers	<p>The practice offered carers an annual health check and flu vaccinations. The patient waiting area contained information and links to carer's support groups.</p> <p>A representative from Barnardo's charity attended a practice meeting to discuss young people who were also a carer. Following this, the practice worked with Barnardo's to devise a GP referral process for young carer's to be referred to Lancashire Young Carer service. This referral process had been used successfully.</p>
How the practice supports recently bereaved patients	The practice provided support to patients on an individual basis and this included a visit if it was appropriate. They signposted patients to bereavement support services.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
The GPs and nursing team at the practice were all female staff. The practice was unable to offer a male chaperone at the time of our visit.	

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>A self-check-in screen was positioned in the waiting area away from the reception desk.</p> <p>To improve privacy of conversation the practice had a TV switched on in the patient waiting area. A private space was available should a patient wish to have a discreet conversation with a reception team member.</p>

Question	Y/N
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

Examples of specific feedback received:

Source	Feedback
Staff	Staff told us they responded to patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 18:30
Friday	08:00 to 18:30

Appointments available	
Monday to Friday	Between 09:00 and 17:30 hours daily (variable to meet patient demand)
Extended hours opening provided by Out of Hours	
Monday to Friday	18:30 to 20:00
Saturday	10:00 to 16:00
Sunday	10:00 to 14:00

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Patients' requests for home visits were allocated out between the GPs on duty each day. Staff knew when to interrupt a GP consultation if they had concerns about a patient.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4349	235	110	46.80%	2.53%

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 (01/01/2018 to 31/03/2018)	97.0%	95.5%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

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 (01/01/2018 to 31/03/2018)	72.0%	70.2%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	65.9%	62.4%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	65.5%	62.9%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	75.8%	70.4%	74.4%	Comparable with other practices

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	7
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The complaint records identified the practice investigated complaints, including verbal complaints and responded both in writing and directly with the complainant. We noted three of the complaints were also investigated under the practice's significant event procedure.</p> <p>The business manager had also broken down each complaint into key areas which assisted in identifying key themes and trends.</p>	

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The practice had been through a period of leadership change in last 12 to 18 months. The principle GP took over the registration and leadership of the practice in 2017 and at that time the practice manager left the practice. A new business manager with the support of an office manager took over the administrative management of the practice. During this time of change the practice leaders ensured the whole staff team were kept up to date with the changes. In addition, the practice continued to work collaboratively with the Clinical Commissioning Group (CCG), the local GP federation and the neighbourhood team. The business manager had worked closely with local GP practices to develop and implement a programme of integrated care and support to vulnerable housebound patients.

Vision and strategy

Practice Vision and values

The practice vision was to deliver a 'Family Practice' service working 'in a patient-centred partnership with patients, their families and the local community'. The practice vision was supported with a range of aims and objectives that included, 'we aim to ensure high quality, safe and effective services and environment'

The practice vision, aims and objectives were shared with staff at regular practice meetings where learning and developing was a regular agenda item.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

Systems implemented fostered a culture of openness and honesty in responding to complaints, incidents and patient feedback. Patient and stakeholder feedback were viewed as opportunities to learn, develop and improve.

Patient care was a priority and systems to ensure patients received the right care at the right time were in place. These included a system of call and recall, failsafe monitoring to ensure patients did not miss critical appointments and checks to ensure test results were received and responded to in a timely manner.

The practice planned its services to meet the needs of the practice population. We heard examples of where the practice had supported patients to improve their IT skills to enable them to use national available applications such as Patient Access. The business manager provided one to one learning support to patients both in the surgery and at the patient home.

The practice strategy was in line with health and social priorities across the region.

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

Source	Feedback
Interviews with staff	Staff we spoke with were motivated and enthusiastic about their role and responsibilities at the practice. Staff told us the practice was supportive and inclusive and they were provided with opportunities to develop their skills and abilities. Staff said the practice was open in its approach and friendly and they were aware of the ongoing challenges to provide an accessible service to patients.
Meeting minutes	Meeting minutes showed regular meetings took place and these facilitated the sharing of updates and any changes because of significant events.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Practice specific policies were available and these were reviewed at regular intervals.
Staffing	Systems were established to minimise the risk of understaffing and to provide opportunities to cover staff absence. This reduced the practice need to use locum staff.
Practice meetings	There was a meeting structure with agendas that allowed for discussion of all areas of quality improvement.
Staff training	There was good management overview of staff training and development. Training and development was planned to support future development of the service.
Y/N	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Systems and processes to respond to potential risks to patients.	Systems to respond to significant incidents and complaints were established and embedded. A system of reviewing significant events to identify possible themes or trends was not yet in place. Action was undertaken in response to patient safety alerts.

	<p>An overarching infection prevention and control audit was not in place. However, the business manager acted at the time of the inspection to review how to do this effectively.</p> <p>Areas of medicine management for patients prescribed high risk medicines required improving. The practice worked with the Prescription Ordering Direct (POD) service to manage patient prescriptions. The joint working arrangement was a new initiative.</p>
Quality Improvement	The practice reviewed performance and worked in partnership with other healthcare professionals. Staff had allocated specific lead roles and were accountable to ensure practice performance was maintained.
Staffing	Performance of all staff was monitored supportively within a culture of learning and development.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The business manager confirmed that they were trying to establish a PPG. Four patients who had agreed to join the PPG came in specifically to speak with the inspection team. They confirmed that the PPG was not yet operating but were keen to join once the group was organised.

Any additional evidence
<p>The practice had undertaken their own patient feedback questionnaire in August 2018 and responded to feedback from this.</p> <p>The practice used their monthly practice meeting to learn about local community services available for patients. The meeting minutes showed the practice had guest speakers from Barnardo's, Lancashire Wellbeing (a social prescribing service) Cancer Research UK, Dementia Community Links (Lancashire Age UK), Macmillan nurses and child and adolescent mental health services (CAMHS) services.</p> <p>The practice participated in the national initiative Parkrun, encouraging patients to join members of the staff team to get moving.</p> <p>The practice was also an active partner in the collaborative neighbourhood working. The business manager had worked closely with external partners to develop the integrated delivery framework. This provided health care services to the housebound, elderly and care home patients.</p>

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Cancer audit	The purpose of the audit was to ensure patients were referred appropriately through primary care using the two-week rule. Following the initial audit, the practice added referral forms on to the patient electronic recording system. This ensured salaried and locum GPs had the correct referral form readily available. The first audit identified 76% of patients seen in primary care were referred by the two-week rule. The re-audit showed that patients seen in primary care were referred appropriately and with the correct form. 100% of referrals
Care home medication audit	This audit reviewed the medicines prescribed to patients living in three care homes in accordance with NICE recommendations to carry out multi-disciplinary medication reviews. The practice reviewed the records for 22 patients, implemented action and the outcome was all had a record of the appropriate health care check undertaken including blood tests.

Any additional evidence

The business manager had undertaken a SWOT (strengths, weaknesses, opportunities and threats) analysis and this demonstrated the practice awareness of their resilience to challenges the practice faced. Challenges included an expanding local population because of residential housing developments, the recruitment of GPs and resource allocation to GP practices.

The practice had plans in place to move locations to the nearby health centre.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP**: Royal College of Physicians.
- **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.([See NHS Choices for more details](#)).