

Care Quality Commission

Inspection Evidence Table

Hampton Health (1-542964536)

Inspection date: 16 October 2018

Date of data download: 08 October 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N ¹
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>1 - At the time of the inspection, the practice did not have oversight of the Hepatitis B status of all clinical staff. We found the practice could not be assured that three clinicians were appropriately immunised against Hepatitis B. The practice provided evidence following the inspection regarding the immunisation status of these three members of staff.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test: January 2018</p>	Y
<p>There was a record of equipment calibration</p> <p>Date of last calibration: January 2018</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Y
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks</p>	Y
<p>Fire drills and logs</p>	Y
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	Y
<p>Fire risk assessment</p> <p>Date of completion: July 2018</p>	Y
<p>Actions were identified and completed.</p> <p>The air conditioning was not working within the practice meaning that some areas were very hot during the summer. It was decided not to be economical to replace the air conditioning unit, but portable units were purchased instead and placed in key areas for patients and staff.</p>	
<p>Additional observations:</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: Not known</p>	N ¹
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: Not known</p>	N ¹
<p>Additional comments:</p> <p>1 – An external company had been employed to complete the health and safety risk assessment of the building. However, the practice could not recall the date of the risk assessment and could not evidence actions that were due to be completed or had been completed.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: August 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>* We saw evidence that an infection prevention and control audit had been completed in August 2018. However, it was not initially clear from the audit whether actions identified had been completed, were in the process of being completed or who was responsible for completing them. The practice provided evidence at the end of the inspection that the actions had been completed.</p>	<p>Y</p> <p>Y*</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>N</p>
<p>Explanation of any answers:</p> <p>On the day of the inspection, we found clinical specimens unsecured in a room which could be accessed by external parties. The practice advised us they had secured the room immediately following our inspection. Clinical waste was managed appropriately.</p>	

Any additional evidence

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
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.	Y
Explanation of any answers:	

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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers:	

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)	0.98	1.02	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)	9.7%	12.4%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y ¹
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y

Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>1 - We saw evidence that most patients prescribed high risk medicines were appropriately monitored and clinically reviewed prior to prescribing. However, in a review of patients prescribed a specific high-risk medicine we found that one patient had received a prescription despite the patient not having a recent blood test. Whilst the practice had a recall system; we found the practice did not have a backup system to check for patients who were overdue monitoring. In addition to this, not all patients had an alert on their records to notify clinicians they were prescribed a high-risk medicine.</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	Y ¹
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	N ²
Number of events recorded in last 12 months.	4
Number of events that required action	4

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

Event	Specific action taken
Result of diagnosis not given to patient	Review completed of dealing with results leading to a change in process where a GP will contact a patient personally if results show any action is required.
Incorrect test strip used	Test strips now placed in separate cupboards and discussion held at clinical meeting.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Patient safety alerts are received into the practice and cascaded amongst the clinical staff. Searches are completed and patients are reviewed as necessary.	

Any additional evidence
<ol style="list-style-type: none"> 1. The practice provided a list of significant events, including actions that had been taken. However, we found that this was not a comprehensive list as we were informed during the inspection about significant events that were not included on the initial list provided. 2. We saw that some significant events were discussed during clinical meetings, however, they did not evidence that learning from all significant events was shared with all staff.

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)	0.95	0.91	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)	84.7%	80.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.4% (55)	14.9%	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)	81.3%	74.7%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.1% (42)	11.3%	9.3%	

Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	82.8%	79.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.6% (53)	15.4%	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)	75.9%	76.5%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.3% (106)	8.6%	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)	97.4%	91.2%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (8)	13.2%	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)	80.6%	82.5%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (43)	4.2%	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)	81.4%	87.8%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.3% (9)	9.2%	8.2%	
Any additional evidence or comments				
We reviewed some exception reporting and found patients had been contacted three times as per the practice policy, however the practice had not taken any additional action to encourage attendance.				

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)	160	164	97.6%	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)	166	173	96.0%	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)	165	173	95.4%	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)	166	173	96.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice told us the higher than average uptake rate was due to their proactive approach in contacting patients and the patient population being aware of the need for childhood immunisations. The practice held immunisation clinics up to three times per week to ensure that the uptake of childhood immunisations remained high.

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)	73.9%	71.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.4%	74.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.3%	56.9%	54.6%	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. (PHE)	53.8%	63.2%	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)	47.1%	59.7%	51.6%	Comparable with other practices
Any additional evidence or comments				

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)	33.9%	90.9%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (3)	13.3%	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)	44.6%	91.9%	90.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (3)	11.8%	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)	80.8%	86.1%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (8)	7.9%	6.8%	

Any additional evidence or comments

We reviewed a number of care plans for patients diagnosed with a mental health condition and found they did not contain adequate information and were not completed to a standard in line with relevant guidance. The practice could not provide any explanation as to why care plans had not been completed in line with the guidance and why the QOF data was lower than the CCG and national average.

QOF data from 2017/18 which was released following the inspection indicated an improvement to the data recorded above, with 85% of patients having a recorded care plan. This was 6% below the CCG average and 4% below the national average.

QOF data from 2017/18 evidenced the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had improved to 91% which was 1% above the CCG and national averages, however, exception reporting was 6% above the CCG average and 7% above the national average.

We were unable to verify the contents of the care plans as this was following the inspection, however care plans that we reviewed on the day did not contain adequate information and were not completed to a standard in line with relevant guidance.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533	541	539
Overall QOF exception reporting (all domains)	7.6%	6.3%	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)	91.8%	95.5%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (9)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice did not show evidence of monitoring consent for example by an audit. However, records we saw showed the practice recorded consent within the patient records appropriately.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	19
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
Comment cards	The majority of patient feedback received on the day of the inspection through comment cards was positive about how staff treat patients with kindness, respect and compassion. Two of the comment cards received were positive but contained specific references to occasions where they felt staff attitude fell below the standard expected

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
9401	380	106	27.90%	1.13%

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)	80.5%	90.5%	89.0%	Comparable with other practices
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)	75.1%	89.1%	87.4%	Comparable with other practices
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)	89.7%	96.3%	95.6%	Comparable with other practices
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)	65.0%	85.5%	83.8%	Variation (negative)

Any additional evidence or comments

The practice were aware these results were lower than CCG and national averages, however, they did not evidence that specific actions had been taken to improve patient experiences.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with told us they were involved in decisions about their care and treatment.

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)	82.5%	94.5%	93.5%	Variation (negative)
Any additional evidence or comments The practice were aware these results were lower than CCG and national averages, however, they did not evidence that specific actions had been taken to improve patient experiences.				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	85 carers had been identified which equates to approximately 1% of the practice population.
How the practice supports carers	The practice provided information for carers on noticeboards within the practice; including support groups and services. Patients who were identified as being a carer were provided with immediate telephone access through the duty GP.
How the practice supports recently bereaved patients	The practice informed us they would contact recently bereaved patients to offer their condolences and any support that may be required.

Any additional evidence

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice had installed a sign advising patients if they were wanting to discuss something confidentially, the practice would offer a private room to discuss this in.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am to 1.30pm and 2.30pm to 6pm
Tuesday	7am to 1.30pm and 2.30pm to 6pm
Wednesday	7am to 1.30pm and 2.30pm to 6pm
Thursday	8.30am to 1.30pm and 2.30pm to 6pm
Friday	8.30am to 1.30pm and 2.30pm to 6pm

Appointments available
<p>The practice offered a variety of pre-bookable, on the day, telephone and urgent appointments. The practice operated a duty doctor system, whereby patients could be seen on the same day if they had an urgent need to do so.</p> <p>The practice had recently commenced an e-consult pilot, which enabled patients to access GP treatment, advice or administrative procedures (such as changing their personal details) online via the practice's website. This pilot was due to end in March 2019.</p>
Extended hours opening
<p>The practice offers extended opening hours on a Tuesday and a Wednesday with appointments available from 7am.</p> <p>The practice is able to offer extended hour appointments through the Greater Peterborough Network, a collaboration of practices within Peterborough offering out of hours appointments for their patients. GPs at the practice are able to book appointments for patients.</p>

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	Y
If yes, describe how this was done	
Patients were required to contact the practice on the morning where a home visit is required. This request was then triaged by a GP and a visit undertaken if clinically appropriate.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9401	380	106	27.90%	1.13%

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)	84.4%	95.5%	94.8%	Variation (negative)
Any additional evidence or comments The practice were aware of the lower than CCG and national average GP Patient Survey 2018 data, however, they did not evidence that specific actions had been taken to improve patient experiences.				

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)	55.8%	75.1%	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)	63.4%	73.9%	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)	53.4%	69.2%	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)	74.9%	79.6%	74.4%	Comparable with other practices
Any additional evidence or comments The practice were aware of the lower than CCG and national average GP Patient Survey 2018 data, however, they did not evidence that specific actions had been taken to improve patient experiences. Following our inspection, we were informed of plans to update the telephone system to provide a single point of contact.				

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	28
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice could not evidence that lessons learned from individual concerns and complaints were distributed amongst the entire staff team. This was highlighted in our inspection report from 2016, however, the practice had not taken action to improve this.</p> <p>The practice informed us they did not always feel it was appropriate to share learning of complaints with all staff. However, we saw examples of significant events and complaints that did not contain personal staff information and these were not shared either.</p>	
Any additional evidence	

Well-led

Leadership capacity and capability

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

The leadership team could not demonstrate a clear set of responsibilities, roles and systems to support good governance and management. There was a lack of oversight and structure from the leadership team in relation to management roles and responsibilities.

Any additional evidence

Vision and strategy

Practice Vision and values

There was a clear mission statement, 'to ensure long term viable patient care across Peterborough and surrounding district communities' and 'providing a safe and caring health environment, ensuring we consider the changing demands of the healthcare system, work at scale and provide an efficient and cost-effective service'.

Culture

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

- Staff that we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the mission statement.
- There were not processes in place for providing all staff with the development they need. Most of the staff were overdue an annual appraisal and the practice could not produce any evidence that nurses and healthcare assistants were provided with any clinical supervision from the GPs.
- There was an emphasis on the safety and well-being of all staff.
- Staff that we spoke with advised they felt they were treated equally.
- We noted during the inspection there were positive relationships between the staff teams.

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

Source	Feedback
Staff	Staff that we spoke with reported they were happy working at the practice and enjoyed their roles. Staff reported they felt well supported by the leadership team and felt a positive atmosphere at work.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	The practice provided us with a list of practice policies and procedures, including the dates that they were due for review. Staff advised us they were aware of how to access policies and procedures.	
GP Patient Survey	The GP patient survey data published July 2018 showed that patients consistently rated the lower than local or national averages. Although the practice was aware they were not able to evidence any specific actions that had been taken to improve patients' experiences.	
Staff appraisals and competency	Staff told us that their annual appraisals were overdue and most staff had not had an annual appraisal within the last 12 months. There was no clinical oversight from the GPs in relation to the nurses and healthcare assistants.	
Complaints and significant events	We did not see clear evidence that the system to ensure all complaints and significant events were actioned and monitored effectively ensuring learning was shared and changes made. The practice informed us they did not always feel it was appropriate to share learning of complaints with all staff. However, we saw examples of significant events and complaints that did not contain personal staff information and these were not shared either.	
Meetings	We requested to view the minutes from practice meetings. We were only provided with the minutes of clinical meetings and we were not provided evidence of meetings with non-clinical staff or whole practice staff meetings.	
		Y/N
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Any additional evidence

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and safety	An external company was employed to complete the health and safety risk assessment of the building. However, the practice could not provide evidence they had oversight of this risk assessment; including actions that were due to be completed or had been completed.

Any additional evidence

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Appropriate and accurate information

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

Any additional evidence
We observed that medical records were stored in an unlocked area that was accessed by the cleaning staff out of hours. The practice had failed to conduct a risk assessment to ensure the integrity of those medical records. The practice provided a risk assessment following the inspection and provided information on how they will manage these risks in the future.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We spoke with a member of the Patient Participation Group (PPG) who was complimentary in relation to the work undertaken with the practice. They told us the practice were always willing to listen to feedback from the PPG and implement their ideas.

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
Audit of patients with a diagnosis of atrial fibrillation and their anticoagulation status	On the first cycle of the audit, the practice identified three patients who required anticoagulating. The practice commenced treatment for those three patients and on the second cycle of the audit found that all patients who were suitable for anticoagulation were being treated appropriately.

Any additional evidence
The practice was not actively involved in quality improvement activity. Whilst the practice provided us with one, two cycle audit, there was no regular program of quality improvement in place.

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 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](#)).