

# Care Quality Commission

## Inspection Evidence Table

### Ridge Green Medical Practice (1-562159940)

Inspection date: **25 October 2018**

Date of data download: 19 October 2018

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

## Safe

**Rating: Good**

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for their role.	Y
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency	Y

staff and locums).	
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence:	
When we spoke to the practice they told us non clinical staff did have vaccinations but that there were no records to support this.	
<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test:	Y 13/10/18
There was a record of equipment calibration. Date of last calibration:	Y 16/10/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Y
Fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y
There was a log of fire drills. Date of last drill:	Y 19/10/18
There was a record of fire alarm checks. Date of last check:	Partial 19/10/18
There was a record of fire training for staff. Date of last training:	Y 5/10/18
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y 5/10/18
Actions from fire risk assessment were identified and completed.	Y
<b>Health and safety</b>	
Premises/security risk assessment carried out. Date of last assessment:	Y 5/10/18
Health and safety risk assessment and actions Date of last assessment:	Y 10/1/18
Additional Observations Fire alarm checks were undertaken, but not consistently on a weekly basis. For example, we saw documentary evidence of tests undertaken once in June, July and August; and twice in October. When we spoke to the practice about this, they told us they would undertake and schedule weekly fire tests following	

the inspection.

## Infection control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
Infection risk assessment and policy in place	Y
Staff had received effective training on infection control.	Y
Date of last infection control audit:	August 2018
The provider had acted on any issues identified in infection control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

## Risks to patients

**There were adequate systems to assess, monitor and manage risks to patient safety.**

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
There was a process in the practice for urgent clinician review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: Non-clinical staff had not received training to recognise the common symptoms of sepsis, and did not have advice sheets available to access, as per recognised guidance. When we spoke to the practice about this, they told us they would provide this training, along with an advice sheet.	

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The provider 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 and additional evidence: <b>We saw evidence of a co-ordinated approach between the practice and community nurses to support provision of safe care and treatment for patients.</b>	

## 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)	0.95	0.85	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)	8.8%	9.9%	8.7%	Comparable with other practices

Medicines management	Y/N/Partial
The provider 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	Y

Patient Group Directions or Patient Specific Directions).	
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
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	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.	Y
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Y
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
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Y

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months.	9
Number of events that required action	9
Explanation of any answers and additional evidence: Staff were encouraged to raise any areas of concern relating to safety.	

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

Event	Specific action taken
A patient was prescribed an antibiotic drug, to which he had a known allergy, and suffered an adverse reaction. The nurse who prescribed the drug had mistakenly bypassed the IT warning screen stating that the drug should not be given at the prescription stage.	The patient was admitted to the local hospital, treated and made a full recovery. The practice initiated changes to its clinical system. Staff will be prevented from over riding alerts for severe reactions or prescribing against allergy warnings. The changes were made following an investigation of the prescribing process.
A patient's hospital correspondence was scanned into another patient's notes. The issue arose because the date of the scanned letter can sometimes default to a patient's date of birth and was scanned into the wrong record because a member of staff was not checking the correct details.	The issue was discussed and the staff member retrained.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understand how to deal with alerts.	Y

## Effective

Rating: Good

Please note: QOF data relates to 2016/17 unless otherwise indicated

### Effective needs assessment, care and treatment

Peoples' needs were assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Explanation of any answers and additional evidence: The patient participation group (PPG) provided links to community groups and support networks for patients.	

### 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)	1.23	0.92	0.83	Comparable with other practices

### Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.</li> <li>The practice carried out structured medication reviews for older patients.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Patients could access a community navigator, employed by Swindon Borough Council. The</li> </ul>

community navigator supported patients to become more independent and use community services to prevent isolation and mental health problems. Patients were alerted to the navigator through their GP.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinical staff opportunistically offered reviews if patients had failed to attend previous appointments.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice followed up on patients with long-term conditions discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice was below local and national averages for diabetes and asthma indicators, and had high exception reporting for diabetes indicators. When we spoke to the practice about this data, they stated they were unclear about the reasons, but cited a range of factors. These included poor compliance on behalf of patients, and the lack of a GP lead for diabetes care.

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)	78.3%	79.9%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.2% (117)	18.1%	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)	63.0%	78.2%	78.1%	Variation (negative)



QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.5% (93)	12.6%	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)	73.4%	74.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.8% (150)	20.2%	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)	70.9%	76.5%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (70)	6.4%	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)	90.5%	91.2%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (14)	11.5%	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)	79.9%	83.8%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (61)	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)	84.5%	88.1%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (1)	6.8%	8.2%	

## Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Childhood immunisation rates exceeded the World Health Organisation (WHO) target uptake of 90% or above.</li> <li>The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.</li> <li>The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.</li> <li>The practice provided a separate waiting area for parents or guardians of sick or vulnerable children.</li> </ul>

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who	129	134	96.3%	Met 95% WHO based target

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)				(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)	135	137	98.5%	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)	134	137	97.8%	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)	135	137	98.5%	Met 95% WHO based target (significant variation positive)

**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 had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients triaged to determine if they had an acute health concern could be offered faster appointments at local SUCCESS centres. SUCCESS (Swindon Urgent Care Centre and Expedited Surgery Scheme) centres are clinics based at two other local NHS practices and operated by a company named Medvivo, on behalf of NHS Swindon CCG.

The practice screening and diagnosis data for patients with cancer compared with local and national averages, but was below the 80% coverage target for the national screening programme. The practice was aware of this, and had taken action to improve screening rates. Measures taken by the practice included:

- Ensuring all sample-takers had received initial training, including updating every three years;
- Ensuring all sample-takers monitored results from the samples they took, including their rate of inadequate samples. If this was above 5%, the sample taker initiated an investigation;
- Ensuring patients were offered appointments at different times throughout the week, including late appointments, and a female sample-taker was available;
- Ensuring patients received a written invitation (preceded by a telephone call from the practice), and at least one written reminder, by the local screening office. The practice contacted patients a

third time, by phone if they had not made or attended a cervical screening appointment.

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)	71.6%	71.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.6%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.0%	54.9%	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)	55.8%	70.9%	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)	40.0%	39.9%	51.6%	Comparable with other practices

## People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</li> <li>The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</li> <li>The practice demonstrated they had a system to identify people who misused substances.</li> </ul>

## People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>Patients were referred appropriately to a range of treatments.</li> <li>There was a system for following up patients who failed to attend for administration of long term medication.</li> </ul>

- The practice offered an annual health check to patients with a learning disability.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice followed up on patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- Exception reporting was high relative to local and national averages, for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in the records; and those with a record of alcohol consumption. When we spoke to the practice about this, they told us they sent three letters to patients and attempted contact by phone and via text message, before the decision was made to exception report. We saw documentary evidence to support this. The practice also told us they had invited a consultant psychiatrist to advise staff about care plans for these patients.

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)	92.6%	88.6%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.5% (13)	10.9%	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%	88.2%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.5% (13)	8.1%	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)	77.3%	83.0%	83.7%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (2)	7.4%	6.8%	

## 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.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
Explanation of any answers and additional evidence: This included conducting clinical audits, and routinely reviewing the effectiveness and appropriateness of the care provided.	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537	540	539
Overall QOF exception reporting (all domains)	8.5%	6.6%	5.7%

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

Improvement activity
Several audits had been undertaken including cancer diagnosis (three-cycle), and an audit looking at the prescribing and monitoring of anticoagulant medication. This audit showed that all patients prescribed the anticoagulant medication were taking it appropriately and were receiving up-to-date monitoring, in line with guidance.

## Effective staffing

### Staff had the skills, knowledge and experience to carry out their roles

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

## Coordinating care and treatment

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

	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Y
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Y

## Helping patients to live healthier lives

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

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

own health.	
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: <b>The practice worked closely with the PPG and had established links within the local community. For example, health information, self-help and community services available to patients were discussed.</b>	

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)	91.2%	94.7%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (20)	0.7%	0.8%	

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: <b>Any clinical procedures are recorded, and a signed consent form is recorded on the practice clinical IT system.</b>	



# 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.

CQC comments cards	
Total comments cards received	6
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

## Examples of feedback received

Source	Feedback
CQC Comments cards	A number of cards noted that staff were professional, respectful and caring. Reception staff were noted to be helpful and friendly. The doctors at the service were described as very good.

## 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
10881	293	133	45.4%	1.22%

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)	87.2%	87.8%	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	85.8%	85.6%	87.4%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)				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)	95.7%	94.9%	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)	81.4%	80.9%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
October 2017- October 2018	89% of survey respondents said they would recommend the service to their friends and family

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with three patients who all reported that they were involved in decisions about care.

## 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)	92.1%	92.7%	93.5%	Comparable with other practices

Question	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Information leaflets were not available in an easy read format. When we spoke to the practice about this, they told us they would make leaflets available in this format for patients in the near future.	

Carers	Narrative
Percentage of carers identified	169 carers were identified by the practice computer system. This figure represented around 2% of the total practice population.
How the practice supports carers (including young carers)	The carer's register included young carers. Information about carer support services was available in the patient waiting room and on the website.
How the practice supports recently bereaved patients	A double appointment was available for patients, and patients would receive a phone call from a GP.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Patients could notify staff if they wished to discuss confidential information. We observed that staff were aware of the need for patient confidentiality.

Source	Feedback
Patients we spoke with	All patients told us their privacy and dignity was respected by medical staff.

on the day.	
Patient comment cards.	All comment cards received on the day of inspection were positive about care received.

# Responsive

Rating: Good

## Responding to and meeting people's needs

The practice took account of peoples' needs and choices so that people received personalised care that was responsive to their needs.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y

Practice Opening Times	
Day	Time
Appointments available: 8.30am-12.30pm; 2pm-6pm	
Monday	8.30am-12.30pm; 2pm-6pm
Tuesday	8.30am-12.30pm; 2pm-6pm
Wednesday	8.30am-12.30pm; 2pm-6pm
Thursday	8.30am-12.30pm; 2pm-6pm
Friday	8.30am-12.30pm; 2pm-6pm
A triage service is available from 8am-8.30am; and a duty doctor between 12.30pm and 2pm. This information is available as an answer machine message.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10881	293	133	45.4%	1.22%

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)	95.6%	93.4%	94.8%	Comparable with other practices

## Older people

Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Health checks were offered to patients over 75 years of age.
- Patients were signposted to a range of services to promote health and well-being.

## Population groups - People with long-term conditions

Population group rating: Good

### Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- 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.
- The practice offered diabetic health checks to promote self-management and individualised care planning.
- Patients were referred to a range of health management and prevention programs such as weight management and managing COPD.

## Population groups – 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 under the age of 18 were offered a same day appointment when necessary.
- A saturation probe, for children with abnormally low levels of oxygen in the blood, was available for better sick child assessment.
- Child immunisation clinics were scheduled at a range of times, and opportunistically.

## Population groups – 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. For example, extended opening hours, text reminders for appointments, telephone consultations and online booking of appointments.

- The practice was open until 6pm from Monday to Friday. Out of hours and weekend appointments were also available to all patients at local SUCCESS centres. SUCCESS (Swindon Urgent Care Centre and Expedited Surgery Scheme) centres are clinics based at two other local NHS practices and operated by a company named Medvivo, on behalf of NHS Swindon CCG.
- Patients could ring the practice at set times, for clinical advice and assessment.

## 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.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice adjusted the delivery of its services to meet the needs of people with a learning disability.

## Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

### Findings

- Priority appointments would be 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. For example, the practice referred patients to an in-house talking therapy service. Patients could also self-refer to the service.

## Timely access to the service

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

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)	67.5%	71.1%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the	64.8%	65.1%	68.6%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
overall experience of making an appointment (01/01/2018 to 31/03/2018)				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)	55.3%	62.5%	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)	73.6%	71.2%	74.4%	Comparable with other practices

#### Any additional evidence or comments

The practice was below local and national averages for patient satisfaction with GP and nurse appointment times. When we spoke to the practice about this, they told us recent changes to the appointments system had led to greater appointment availability. We saw documentary evidence to support this. Patients triaged to determine if they had an acute health concern could also be offered faster appointments at local SUCCESS centres.

## Listening and learning from concerns and complaints

Complaints and concerns were listened and responded to and used to improve the quality of care.

#### Complaints

Number of complaints received in the last year.	18
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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement	Y
Explanation of any answers and additional evidence: Patient complaints were discussed anonymously with the PPG to enable them to offer feedback to the practice.	



## Well-led

Rating: Good

### Leadership capacity and capability

Leaders 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y

### 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.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice discussed all aspects of practice development with the PPG and liaised with the CCG regularly.	

### Culture

The practice had a culture of high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Partial
There was a strong emphasis on the safety and well-being of staff.	Partial
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Y
Explanation of any answers and additional evidence: There was a lack of clarity regarding staff working arrangements. The GP partner told us there was	

some unsettlement among staff about these issues and we spoke to staff who confirmed this was true. The practice had not conducted a staff survey.

## 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 in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

## 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 in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group

Feedback
The patient participation group was involved in the development of the practice and the individual needs and preferences of patients were central to the planning and delivery of care. We saw examples of changes and improvements made by the practice to enhance services and the patient experience. For example, we saw that the practice had reviewed in detail the responses to the GP patient survey with the PPG and action had been taken as a result. Members of the PPG also spoke highly of the commitment of the lead GP to improve services for patients.

**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	Y
Learning was shared effectively and used to make improvements.	Y

## 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](#)).