

Care Quality Commission

Inspection Evidence Table

Caldbeck Surgery (1-544616979)

Inspection date: 19 October 2018

Date of data download: 04 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(s) 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

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.	Y
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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 13/2/18
There was a record of equipment calibration Date of last calibration:	12/9/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y 31/10/17
Fire drills and logs	Y -31/10/17
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y 9/11/17
Actions were identified and completed.	Y
Health and safety Premises/security risk assessment? Date of last assessment:	Y 26/2/18
Health and safety risk assessment and actions Date of last assessment:	Y 26/2/18

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Y 23/2/2018 Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

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:	
We also saw that sepsis training was booked for staff in November.	

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

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)	0.88	1.09	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)	8.2%	8.0%	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
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.	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

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients.	Y

There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Y
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Y
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Y
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Y

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
Staff understood how to 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.	29
Number of events that required action	29

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

Event	Specific action taken
A patient had been renewing a prescription that needed a review.	The practice carried out a medicines audit to ensure there weren't other patients who needed review. They found several and were able to follow these up.

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: Alerts are emailed to staff from the practice manager and medicines manager, they are then discussed at meetings. A search was performed to ensure appropriate action had been taken and patients had been reviewed if required.	

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)	0.47	0.51	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)	77.3%	83.6%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (5)	15.3%	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)	75.9%	83.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (6)	8.5%	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)	89.2%	82.8%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.1% (44)	17.0%	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)	75.8%	77.9%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (9)	9.6%	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)	94.4%	93.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (10)	11.8%	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)	84.7%	86.2%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (10)	3.0%	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)	86.0%	87.3%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (9)	10.4%	8.2%	
Any additional evidence or comments				
<ul style="list-style-type: none"> A Virtual Diabetes Clinic was started to improve outcomes for patients with diabetes. This was a bi-monthly, GP led review of patients on the diabetic register to ensure they were up-to-date with their reviews. Since its introduction in 2016 the practice had improved their Quality and Outcomes Framework (QOF) scores in all areas for diabetes. For example, the number of patients on the register with a blood pressure reading of less than 140/80 in the last 12 months had improved from 76% in 2016 to 83% in 2018. At the same time, exception reporting for this condition had dropped from 26 patients in 2016 to eight patients in 2017 and 2018. 				

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)	25	26	96.2%	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)	19	19	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	19	19	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	19	19	100.0%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	80.7%	77.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.3%	76.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	66.9%	61.3%	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)	82.1%	78.9%	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)	55.6%	51.1%	51.6%	Comparable with other practices

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)	94.1%	93.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	11.0%	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)	93.8%	93.4%	90.7%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (1)	10.4%	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)	84.0%	82.6%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (1)	4.8%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551	554	539
Overall QOF exception reporting (all domains)	3.5%	5.4%	5.7%
Any additional evidence or comments			
<ul style="list-style-type: none"> QoF data for 2017/18 was released shortly after the inspection. In 2017/18 the practice had achieved 556 of the total number of 559 QOF points available, compared to the CCG average of 554 and the national average of 539. Overall the practice exception reporting rate was below local and national averages at 6.7% (CCG average 10.1%, national average 10.1%). 			

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.1%	95.8%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (5)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
A comprehensive protocol was in place covering all aspects of consent issues likely to arise in general practice. Where appropriate, patients were asked to sign a consent form to confirm they were happy to go ahead with a procedure.

Any additional evidence
The practice had started a process called Continuity Counts, which aimed to ensure that patients (particularly those with a long-term condition) could see the same clinician when they attended the practice. This had been put in place when the unplanned admissions register was no longer commissioned. It was a combination of the frailty and palliative care registers and any other patients who were identified as needing additional support. At monthly meetings these patients were discussed by all clinicians to ensure everyone was up-to-date with their care. A search of the appointment system was then performed to see how often these patients had attended and which GP they saw. If appropriate, the patient's named GP was changed to match the GP they saw most frequently, but only once the patient was contacted to ensure they consented. This system meant that in September 2018, on average 71% patients saw the same clinician when they attended the surgery, compared with 57% in March of the same year. In the first four months of 2017/18, the practice also had the lowest rate of A&E, minor injury unit, and out of hours care attendance in the clinical commissioning group area at 159.3 per 1,000 weighted population.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	31
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards, patient interviews, NHS Choices, I Want Great Care, staff interviews.	<p>Feedback from comment cards, patient interviews and online reviews was overwhelmingly positive about care received at the practice. Patients gave us examples of times when they had been treated with respect and kindness by all members of staff. For example:</p> <ul style="list-style-type: none"> • Staff using the practice “tea fund” to pay for a patient to get a taxi home from the surgery when they were unable to get a lift home. • Staff walking patients back to their homes in the village from the practice to make sure they got there safely. • Patients on the palliative care register were given their own doctor’s home telephone number. <p>Commonly used words on the comment cards included friendly, caring, respectful, and professional. Many patients reported that they felt lucky to be patients at the practice.</p> <p>In the past 12 months the practice had received 60 Thank You cards, most of which gave positive feedback about staff across the entire practice. Positive messages from these were shared with staff at the daily “Huddle” meetings.</p>

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
4229	226	134	59.3%	3.17%

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)	99.4%	90.0%	89.0%	Variation (positive)
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)	99.4%	88.9%	87.4%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	96.5%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	99.4%	83.9%	83.8%	Variation (positive)
Any additional evidence				
The practice was had the second-highest score out of 40 practices in the clinical commissioning group area for satisfaction with their overall experience of their GP practice in the National GP Patient Survey in July 2018.				

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

Date of exercise	Summary of results
Oct 17 – Sep 18	From 751 patient responses, 650 people (87%) said they would be “extremely likely” to recommend the practice to family and friends. A further 82 people (11%) said they would be “likely” to recommend them. Only seven patients (1%) said they would be “unlikely” or “extremely unlikely” to recommend the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients, comment cards.	All patients who were asked told us that they were involved in decisions about their care and treatment and were able to give us examples of when this had happened.

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)	99.3%	94.7%	93.5%	Variation (positive)

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	86, approximately 2% of patient list.
How the practice supports carers	There was information in the waiting area about the local carers organisation, and a representative from the organisation visited the practice monthly to hold a clinic for carers. People who were carers were offered a health check by the practice.
How the practice supports recently bereaved patients	Patients who were bereaved received a phone call or visit from their GP, as appropriate. The practice referred patients to a local bereavement counselling service if required.

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 reception desk was separate from the waiting area. There was a separate room which patients could use if they wanted to speak to a member of staff in private. Music was played in the waiting area to ensure that conversations could not be overheard.

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	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Appointments available	
GPs <ul style="list-style-type: none"> AM 8.30am – 11.30am (10 mins each) PM 4pm – 6pm (10 mins each) or 3pm – 5pm (10 mins each) 	Nurses <ul style="list-style-type: none"> AM 8.30am – 11.30am (10 mins each) PM 2pm – 5.30pm (10 mins each)
Extended hours opening	
From October 1 st 2018, “extended access” appointments will be offered with a GP or nurse practitioner (NP) through local out of hours provider in Carlisle.	Weekdays from 6.30pm to 10pm (GP) Saturdays from 8.30am to 1.30pm (GP) and 1.30pm to 5.30pm (NP) Sundays from 8.30am to 5.30pm (NP)

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	
Receptionists used a template on the surgery computer system to pass patients who required a visit to the duty doctor for triage. This triage system was audited by clinicians to ensure all those who needed a visit received one. The threshold for home visits was relatively low, and nurses at the practice would travel to patient's own homes to carry out blood tests or ECG's if the patient was unable to attend the practice that day.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4229	226	134	59.3%	3.17%

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)	100.0%	95.8%	94.8%	Variation (positive)

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)	99.4%	71.7%	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	98.8%	67.6%	68.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	92.3%	65.9%	65.9%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	97.0%	75.1%	74.4%	Significant Variation (positive)

Examples of feedback received from patients:

Source	Feedback
Patient interviews, comment cards, NHS Choices	Patients we spoke to or who left comment cards or reviews on NHS Choices stated they were extremely happy with access to the service. Patients told us they were always able to get an appointment when they needed one, and most patients told us they were often able to see the same GP.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Complaints were also raised as significant events where appropriate. Learning from complaints was shared among the practice team.	

Example of how quality has improved in response to feedback
A handrail was placed outside the practice entrance in response to patient feedback.

Well-led

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Despite being a relatively small practice in a very rural area they had managed to recruit staff through training clinicians, and had been able not only to maintain the good work carried out at the time of the last CQC inspection but improve on it.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. This was seen in the number of whole practice meetings held, including several daily ones such as the “Huddle” and the working lunches.
- Clinicians at the practice had lead roles in the local integrated care community (ICC) and GP federation. They had been involved in developing and leading programmes and interventions together with other local services which had led to improved outcomes for patients. For example, we were shown a case of a patient who was able to be discharged home from hospital earlier than expected because of work between the practice and community services in the ICC to ensure a care package was put in place for them prior to them being declared medically fit for discharge.
- Despite low recruitment rates in Cumbria, the practice had continued to attract staff by training GPs and nurses. A number of staff at the practice – including two new GP partners and a practice manager - had started work there since the last inspection and had continued to build on the good rating achieved.

Vision and strategy

Practice Vision and values

- The practice had a clear vision of putting patients first by ensuring good quality care through effective staff communication. We saw numerous examples of this during the inspection, and its effect on patients was reflected in the excellent feedback the practice had received.
- Staff were involved in developing the vision, values and strategy. They were therefore aware of them and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice regularly monitored progress against delivery of the strategy.

Culture

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

- There was strong collaboration and support across all staff and a common focus on improving quality of care and people’s experiences. This was reflected in the schedule of informal meetings which took place during the day across the whole practice. This included:
 - Daily morning meetings
 - Working lunches
 - A daily “huddle” whereby representatives from all staff teams came together
- These meetings were used to share relevant information about the practice to ensure that everyone was aware at all times of any issues that may affect safety or patient care. They could also be used to share good news and positive examples, thereby improving staff morale.
- We saw examples of how these meetings had led to immediate improvements for patients, such as a time when a vaccine fridge was found to have been switched to standby accidentally. This was dealt with immediately without any impact on patient care. These meetings also engendered a culture at the practice whereby every member of staff felt involved and responsible for delivering good patient care, something which was reflected in the excellent patient feedback the practice received.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals or supervision in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. There was a strong emphasis on promoting staff within the practice. For example, the medicines manager began by working on reception at the practice, and the assistant practice manager started at the practice as the cleaner. Practice nurses have been offered training to become advanced nurse practitioners. Staff are also encouraged to take on lead roles, such as notes summarising.
- There was a strong emphasis on the safety and well-being of all staff.

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

Source	Feedback
Staff interviews	Staff at the practice told us they felt supported and fully involved with the running of the practice. They were able to give us multiple examples of improvements that had been made as a result of the team working closely together and communicating well.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Yes. In place and in date. Accessed via intranet and paper copies.

Learning from complaints and significant events	The practice had an effective system in place to learn from complaints and significant events.
Other examples	The practice had a structured meetings schedule in place which they followed. These included several informal daily meetings as well as a formal structure which included: <ul style="list-style-type: none"> • Dispensary meetings • Safeguarding • SEA meetings • Palliative care • Clinical MDT • Education meetings • “Continuity Counts” meetings
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
We were shown a model of the staff structure at the practice which showed all clinicians, administration, reception and dispensary staff as equals, with the management team below these staff groups in the model in order to support them. This gave staff a sense of empowerment to drive improvements themselves, something we saw evidence of in the number of innovations that had been put in place at the practice which had a demonstrable positive impact on patients.

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
Fire	Full fire evacuation drills had been carried out and logs of these drills were maintained.
Infection control	There was an infection control lead who carried out the infection control audit. Managers and staff had day-to-day responsibility for maintaining good infection control standards.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback

Feedback from the patient participation group was overwhelmingly positive about their relationship with the practice. They told us the practice was open and honest with them and was always keen to act on feedback. For example, a handrail had been installed at the practice entrance as a result of feedback.

Continuous improvement and innovation

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

Audit area	Improvement
Benzodiazepine prescribing	Ongoing work on reducing long-term users and educating prescribers and changing prescribing habits for new patients resulted in a positive reduction in prescribing of all Benzodiazepines. Personal reduction plans with regular support from a doctor were also put in place.
Dispensary safety	This had led to a 14.5% reduction in use of blister packs for a more appropriate method of dispensing medication.
Dementia diagnosis	The practice's dementia diagnosis rate from 38% in quarter four of 2017/18 to 43% six months later following an audit. Staff were given in-house training on dementia awareness in order to improve the diagnosis rate.

Any additional evidence

By creating an open culture in which all staff felt involved in the success of the practice, the leadership had driven multiple improvements for patients and were able to offer timely access to appointments. Staff and patient feedback was exceptionally high as a result and the practice managed to continue to attract staff to work at the surgery despite poor recruitment rates across the county.

The practice was rated as good overall with outstanding for responsive at their last CQC inspection in 2015, and since then the practice had continued to look for ways in which to improve their services for patients. The new management structure at the practice had been put in place since the last inspection.

There was a strong culture in the practice of sharing learning with other providers. The practice had shared their Continuity Counts work locally and nationally. They also had regular "Facetime-Friday" meetings, which were video conferences with a local surgery to share best practice.

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](#)).