

Care Quality Commission

Inspection Evidence Table

Mallard Medical Practice (1-4761137639)

Inspection date: 7 November 2018

Date of data download: 05 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	No ¹
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: ¹ Records showed that some staff (four administration staff and the healthcare assistant) had not received up to date training on safeguarding.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	No ¹
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: ¹ The practice carried out checks of professional registration on recruitment but not on an ongoing basis.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 01/04/18
There was a record of equipment calibration Date of last calibration:	Yes 14/09/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	No
Fire training for staff	No ¹
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 23/10/18
Actions were identified and completed.	Yes
Additional observations: <p style="color: red;">There were no arrangements in place to carry out checks of the fire alarm and emergency lights during the planned absence of the practice manager. Following the inspection, the practice informed us that these checks would be carried out weekly by another member of the team.</p> <p style="color: red;">¹Records showed that five clinical staff and one member of the administration team had not undertaken recent training on fire safety.</p>	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 04/01/18
Health and safety risk assessment and actions Date of last assessment:	Yes 04/01/18
Additional comments: The practice's gas boiler had last been serviced in October 2015; this stated it was due in October 2016. There was no evidence during the inspection that a recent service had been undertaken. The practice arranged this after the inspection and submitted evidence which showed that the boiler had been serviced on 14 November 2018.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail: Following the previous infection control audit, new office chairs were purchased.</p>	<p>Yes</p> <p>30/10/17</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

Risks to patients

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

Information to deliver safe care and treatment

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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.05	1.07	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)	6.7%	8.4%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No ¹
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	No ²
<p>Explanation of any answers:</p> <p>¹ During the inspection we found some blank prescriptions were stored in insecure locations; some loose prescriptions were in a printer in an unlocked room and two pads were in an unlocked cupboard, in an unlocked room.</p> <p>² We also identified some concerns in relation to medicines which needed to be stored in a refrigerator. During the month of October 2018, the temperature of the refrigerator in the nurses' room had not checked on seven days when the practice as open. The temperature of the refrigerator in the treatment room had not been checked on three days during October 2018. The temperatures on the days where checks were carried out were within the recommended range of 3 to 8 degrees Celsius but the practice did not have any other systems in place to provide assurance that appropriate temperatures had been maintained.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	No
Number of events recorded in last 12 months.	Four
Number of events that required action	Four

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

Event	Specific action taken
Incorrect information obtained for newly registered patient.	Further checks to be undertaken to ensure information from patients' previous practices has transferred correctly.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place: Alerts are emailed to the GPs and the pharmacist (employed by the local clinical commissioning group) from the practice manager to take action where necessary.</p>	

Any additional evidence
<p>Learning was not always shared across the practice. Clinical meetings were held where any learning was discussed. However, there were no whole practice or non-clinical team meetings to facilitate sharing of learning with non-clinical staff and some staff told us they did always feel informed about issues.</p>

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.04	0.71	0.83	Significant Variation (positive)

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 (01/04/2017 to 31/03/2018) (QOF)	79.3%	81.3%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (22)	14.0%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	65.2%	79.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (25)	11.5%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	79.7%	82.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.9% (26)	15.9%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	68.5%	75.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (5)	10.5%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.8%	90.3%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (7)	14.0%	11.5%	

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.9%	84.9%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (17)	4.8%	4.2%	
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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.4%	87.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (2)	7.7%	6.7%	
Any additional evidence or comments				

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)	63	64	98.4%	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)	49	50	98.0%	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)	49	50	98.0%	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)	49	50	98.0%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				

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)	79.8%	76.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	74.4%	74.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	59.7%	57.5%	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)	87.5%	70.9%	71.3%	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)	26.3%	50.8%	51.6%	Comparable with other practices
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.5%	91.7%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	13.3%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	95.2%	92.1%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	11.3%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	90.0%	83.6%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (3)	6.3%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	538	548	537
Overall QOF exception reporting (all domains)	4.1%	6.3%	5.8%

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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	92.4%	96.2%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (21)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Any additional evidence
The practice had carried out a significant amount of work on prescribing hypnotic medicines (used to aid sleeping); clear guidelines were in place for clinicians to follow and as a result prescribing rates were much lower than local and national averages.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	2
Number of CQC comments received which were positive about the service	1
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
CQC comment cards	One patient did not provide any feedback about whether the practice was caring; the other said they had never had any concerns about the staff.
Patient interviews	We spoke with or had telephone contact with five patients. The majority were satisfied with the care they received.

National GP Patient 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
5080	238	95	40%	1.87%

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)	78.0%	92.0%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	76.7%	90.6%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	90.9%	96.7%	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)	74.0%	87.0%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
December 2017	The practice sent a patient survey out to members of the virtual practice participation group (around 10 members); 90% said they would recommend the practice to family and friends.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients were generally satisfied with their involvement in decisions about care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.1%	95.7%	93.5%	Comparable with other practices
Any additional evidence or comments				

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

Carers	Narrative
Percentage and number of carers identified	80 patients had been identified as carers (1.6% of the practice list).
How the practice supports carers	The practice offered to refer carers to local support groups.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, a GP contacted them. This call was followed either by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. A further call was made after two weeks to check on the family.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There were areas where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and phone calls were taken away from the front desk wherever possible.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	9am to 6pm
Tuesday	9am to 6pm, then 6.30pm to 8.30pm
Wednesday	9am to 6pm
Thursday	9am to 6pm
Friday	9am to 6pm

Appointments available	During opening hours
Extended hours opening	Tuesday evenings until 8.30pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All home visit requests were triaged by a doctor.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5080	238	95	40%	1.87%

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)	93.1%	95.6%	94.8%	Comparable with other practices
Any additional evidence or comments				

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)	66.1%	77.6%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	59.2%	71.9%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	58.1%	67.0%	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)	66.3%	76.0%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Three of the patients we spoke with said they had concerns about access. They all said it was difficult to get through on the telephone on a morning to make an appointment.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
Number of complaints we examined	8
Number of complaints we examined that were satisfactorily handled in a timely way	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints
Changes included offering annual health checks to patients with pre-diabetes.

Well-led

Leadership capacity and capability

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

Through interviews with the GP partners we found leaders demonstrated they had the knowledge, skills and experience to deliver high quality care and treatment.

Vision and strategy

Practice Vision and values

The practice's vision was; "Our vision is patient centred care. Continually improving ways in which we work and ways in which we support our staff to provide the best quality of care we can for our patients".

Culture

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

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 with managers.

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

Source	Feedback
Staff interviews	Most staff told us they were supported by managers at the practice. However, some staff told us they were not always informed about changes that were taking place.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<p>There were clear policies to govern the way the practice operated and to support staff to provide care and treatment in line with current legislation, standards and guidance.</p> <p>All policies were available to all staff, including temporary staff.</p>
Other examples	<p>There were some areas where systems, processes and practice were not always reliable or appropriate to keep people safe. Monitoring of whether safety systems were implemented and effective was not always robust.</p> <p>This included:</p> <ul style="list-style-type: none"> the arrangements to ensure the security and confidentiality of records and data management systems were not satisfactory. On the day of the inspection the practice manager's office door was unlocked; an NHS smartcard was inserted into the computer and cabinets containing staff files were unlocked. The practice did have interior security cameras installed but there was still a risk that confidential documents were accessible. Managers told us this door would usually be locked when unoccupied. the arrangements for storing medicines and blank prescriptions were unsatisfactory; there was a lack of a formal meeting structure for non-clinical staff, which meant learning and information was not always shared across the team.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and safety risk assessments	The practice had developed a range of risk assessments that covered all areas of the practice premises and staff working conditions. These were regularly checked and updated.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had a virtual patient participation group. We spoke with one member of the group. They told us they had never been asked their opinion on anything until our telephone call. The practice told us they had sent out a patient survey to members of the group; and had increased the number of patient members to 21 since December 2017.

Continuous improvement and innovation

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

Audit area	Improvement
Review of patients prescribed a medicine no longer recommended.	First cycle showed 16 patients were being prescribed the medicine; all were called in for review and discussion about changing to an alternative medicine. Second audit showed only six patients remained on the medicine. Further work was ongoing to continue to reduce this number.
Review of rescue medicines provided for patients with COPD (chronic obstructive pulmonary disease).	Following the audit, COPD reviews were increased to 30 minutes to allow clinicians to spend appropriate amounts of time with patients, weekly dedicated COPD slots were made available for patients to book in to and the practice also arranged for a secondary care consultant to deliver some staff training on treating COPD. The number of patients prescribed rescue medicines was reduced to only those where it was clinically appropriate.

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](#)).