

Care Quality Commission

Inspection Evidence Table

Litcham Health Centre (1-542079122)

Inspection date: 29 November 2018

Date of data download: 04 December 2018

Overall rating: Good

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

Safe

Rating: Requires Improvement

The practice was rated as requires improvement for safe because:

The systems and processes for managing infection prevention and control were not always effective. There was no clear guidance as to what the cleaning responsibilities of cleaning and clinical staff were. For example, metal trolleys tops were cleaned after each use by the clinician, however the legs and wheels were not, therefore dirt and rust was evident. Following our inspection, the practice ordered new trolleys for those affected. Equipment loaned out to patients did not have a cleaning schedule for when it was returned to the practice. For example, blood pressure monitors and cuffs were not cleaned in between use. The practice deep cleaned carpets on an annual basis however fabric chairs did not have a cleaning schedule.

Dispensing staff were aware of the process for checking patient details when taking a telephone prescription, and there was a standard operating procedure for this. However, we observed staff to not be following this process on the day of inspection.

Although the practice had arrangements to monitor expiry dates of emergency medicines, these systems did not ensure that out of date medicines and some consumables were removed. We found one medicine and some consumables which were out of date. These were removed immediately and the practice completed a significant event on the day of inspection.

The practice had not risk assessed the remote collection points service for medicines dispensed by the practice.

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

Recruitment systems	Y/N/Partial
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.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff vaccination requirements were maintained; however, the new practice manager did not hold records of all staff member's immunity.• The practice induction process for new staff was carried out over 12 months and was monitored regularly with one to one discussions and review periods.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes November 2018
There was a record of equipment calibration. Date of last calibration:	Yes February 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes August 2018
There was a log of fire drills. Date of last drill:	Yes August 2018
There was a record of fire alarm checks. Date of last check:	Yes August 2018
There was a record of fire training for staff.	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion:	Yes January 2018
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes January 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes January 2018

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not always met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	November 2018
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice completed infection prevention and control (IPC) audits every month on a room by room basis. Actions arising from the audits were acted upon to improve the surroundings. Spill kits were available and there were clear protocols in place for the management of clinical waste. A legionella report was completed in October 2018 by an external company which showed the practice was clear of the legionella bacterium. Equipment loaned out to patients did not have a cleaning schedule for when it was returned to the practice. For example, blood pressure monitors and cuffs were not cleaned in between use. The practice deep cleaned carpets on an annual basis however fabric chairs did not have a cleaning schedule and there was no evidence these had been cleaned. There was no clear guidance as to what the cleaning responsibility of the cleaner was and what was the responsibility of clinical staff. Metal trolleys tops were cleaned after each use by the clinician, however the legs and wheels were not, therefore dirt and rust was evident. Since the inspection, the practice ordered new trolleys for those affected.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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.	Partial
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Reception staff did not have any formal guidance on the recognition of an acutely unwell patient. However, staff showed awareness and could give examples of actions they would take for an acutely unwell patient.</p>	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was 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

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - (NHSBSA)	1.40	1.13	0.94	Variation (negative)
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). (01/10/2017 to 30/09/2018) (NHSBSA)	18.7%	12.3%	8.7%	Significant Variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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
There was a process for monitoring patients' health in relation to the use 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, investigation of 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 appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance	Yes

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Partial
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff completed checks to ensure appropriate monitoring of patient's health was completed. Dispensing staff were aware of the process of checking patient details when taking a telephone prescription, and there was a standard operating procedure for this. However, we found staff were not following this process on the day of inspection.</p> <p>Although the practice had arrangements to monitor expiry dates of emergency medicines, these systems did not ensure that out of date medicines and some consumables were removed. We found one medicine and some consumables which were out of date. These were removed immediately and the practice completed a significant event on the day of inspection.</p> <p>The practice were aware of the high prescribing for antibiotics. They had fully reviewed their prescribing data and did so on an ongoing basis. The practice felt this was due to a small population size and therefore the percentage figures were affected. In addition, they had the lowest unplanned and Accident and Emergency admissions in the Clinical Commissioning Group. They had reviewed this data and felt this was partly due to proactive management of patients, which included prescribing medicines such as antibiotics. We reviewed some patients prescribed antibiotics and found this was managed appropriately; the practice planned to review this on an on-going basis to ensure it remained appropriate.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system was in place to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	No
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>The practice had not risk assessed the remote collection points service for medicines dispensed by the practice. The practice completed regular patient audits to ensure that the collection point was still appropriate for the patients and that no issues had arisen. The member of staff who delivered the medicines had received a DBS check.</p>	

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	51
Number of events that required action:	51
Explanation of any answers and additional evidence: Any near misses in the dispensary were recorded and discussed within the team. Significant events were discussed during monthly meetings and outcomes shared practice wide at quarterly meetings.	

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

Event	Specific action taken
Six patients did not attend for physiotherapy appointments during a six-week period.	The practice ensured all patients booked in for a physiotherapy appointment were contacted and reminded the day before.
Patient given the wrong medicine from dispensary.	The dispensary manager undertook a review of the incident. All dispensary staff were informed of the incident and a review of the checks staff performed was initiated to reduce the risk of this happening again.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: Alerts were received by the lead GP and the dispensary manager. There was a system to record these alerts on a clinical system and run a search for any patients affected. These patients were then flagged to a GP. Searches showed they had been actioned appropriately.	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.53	1.69	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines. The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any additional or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. The practice had a high percentage of older patients compared to the national average. The practice offered support to the local care homes, completed medicines reviews and offered health checks to patients over 75 years of age.

People with long-term conditions Population group rating: Good

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 GPs 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, such as in diabetes and asthma.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD) and hypertension.
- The practice were above local and national averages for achievement for the Quality and Outcomes Framework in relation to long term conditions.

Diabetes Indicators	Practice	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)	85.9%	77.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	1.0% (3)	14.4%	13.2%	N/A
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)	86.2%	80.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	1.0% (3)	8.8%	9.8%	N/A

	Practice	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)	86.4%	81.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	3.9% (12)	15.7%	13.5%	N/A

Other long-term conditions	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)	81.1%	77.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (3)	14.1%	7.7%	N/A
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)	96.1%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	0 (0)	16.0%	11.5%	N/A

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) (QOF)	84.6%	82.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.3% (9)	4.6%	4.2%	N/A
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) (QOF)	93.9%	85.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.9% (9)	6.2%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- 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.
- 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.
- Young people could access services for sexual health and contraception.

Child Immunisation	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) (01/04/2017 to 31/03/2018)(NHS England)	34	37	91.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	29	30	96.7%	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) (01/04/2017 to 31/03/2018) (NHS England)	29	30	96.7%	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) (01/04/2017 to 31/03/2018) (NHS England)	29	30	96.7%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice's uptake for cervical screening was 80%, which met the 80% coverage target for the national screening programme, and was above local and national averages. The practice called patients who had received an abnormal test result to discuss this in more detail.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had invited 95 patients and completed 85 health checks in the last 12 months.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	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)	80.0%	72.8%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.8%	77.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.4%	59.2%	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)	86.4%	69.2%	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)	60.9%	53.4%	51.6%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had 12 patients registered with a learning disability of which eight had received a review in last 12 months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.

- There was a system for following up patients who failed to attend for administration of long-term medicines.

Mental Health Indicators	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)	95.0%	93.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	12.7%	12.7%	N/A
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)	90.0%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	11.1%	10.5%	N/A
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)	88.9%	81.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	10.0% (2)	5.1%	6.6%	N/A

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559 100%	548 98%	538 96%
Overall QOF exception reporting (all domains)	3%	11%	10%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

Improvement activity
<p><u>Audit to ensure all patients had their eight key care processes undertaken for diabetes.</u></p> <p>The practice had implemented an enhanced monitoring pathway which enabled rapid compliance with priority clinical pathways using Patient Passports and population management. All patients with diabetes had a practice specific Patient Passport. This was scanned by receptionists when the patient presented to reception and identified any outstanding tests required for both diabetes and other conditions. Any outstanding actions were dealt with by the healthcare assistants admissions avoidance team to ensure rapid concordance with best practice guidelines. As of November 2018, over 99% of patients had received their eight key care processes compared to a national average of under 40%. The practice won the best practice award at the CCG Prescriber Conference for Best Practice out of 1,200 Surgeries that took part.</p>
<p><u>Audit to ensure all patients had their three treatment targets for diabetes.</u></p> <p>NHS England had identified treatment targets for HbA1c, cholesterol and blood pressure for diabetes as one of the key priorities for 2018/19. The audit was to ensure the appropriate escalation of abnormal results and enhanced monitoring could potentially enable improved compliance with outcomes for the three treatment targets. As of November 2018, over 60% of patients had achieved their three treatment targets compared to a national average of 35%. In addition, the HbA1c control in the practice was the best of 1,200 practices at 82% (HbA1c <= 59mmol/l).</p>
<p><u>Audit to ensure patients on warfarin were appropriately monitored.</u></p> <p>An initial search was undertaken on patients on warfarin. There were 88 patients on warfarin which represented 2.5% of the patient population. Two patients had not had the appropriate blood test in the last 60 days. The practice team had already contacted the patients to ensure that the blood tests were undertaken.</p>

Effective staffing

The practice was able to demonstrate that 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: Not all staff had received an appraisal within the last 12 months. The practice had a new practice manager in post since September 2018 who had completed a schedule for the appraisals.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

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 need 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking 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)	98.2%	94.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.1% (1)	0.5%	0.8%	N/A

Consent to care and treatment

The practice always 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

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.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	68
Number of CQC comments received which were positive about the service.	56
Number of comments cards received which were mixed about the service.	12
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	56 of the 68 comment cards received were completely positive about the service. Comments included that staff were kind and caring. Several comments reflected patients were treated with respect and that staff were helpful. The mixed reviews mainly focussed on GP appointments running late.
Interviews with patients	Patients we spoke to on the day of inspection reported they never felt rushed during appointments and clinicians listened to patients. Patients commented that staff were approachable and caring throughout all aspects of an appointment.
NHS Choices	The practice had received a five-star rating and positive feedback on NHS Choices.

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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3595	221	101	45.7%	2.81%

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)	86.8%	89.5%	89.0%	No statistical variation
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)	90.6%	89.0%	87.4%	No statistical variation
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)	97.2%	96.0%	95.6%	No statistical variation
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)	93.8%	89.4%	83.8%	No statistical variation

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

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients.	Patients we spoke to on the day of inspection said they felt fully involved in their care and treatment. They told us staff took the time to explain treatment options fully and discussed benefits and potential side effects to treatments.

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)	94.5%	94.2%	93.5%	No statistical variation

	Y/N/Partial
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 other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	40 patients had been identified as a carer, which was approximately 1% of the practice population.
How the practice supported carers.	The practice offered support to carers and had a close working relationship with local carer groups.
How the practice supported recently bereaved patients.	The practice offered an individualised approach to bereavement care. All patients who had a bereavement were contacted by the practice either via a letter or by telephone.

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.	Yes
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
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The main call centre within the practice was situated away from the reception desk.</p> <p>The practice had a room which was available for patients to utilise if they did not want to sit in the waiting room. For example, if patients were distressed or upset.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	7.30am – 6.30pm
Wednesday	7.30am – 5.30pm
Thursday	7.30am – 6.30pm
Friday	8am – 6.30pm
Saturday	8am - 1pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3595	221	101	45.7%	2.81%

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)	99.2%	95.2%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. 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. There was a medicines delivery service for housebound patients. The practice ran an admissions avoidance team employed by the practice to ensure that housebound patients and patients unable to attend the surgery could be appropriately assessed and have support in the community. The team used both the clinical system and 'priority boards' in their office to keep up to date with changes in the care provided to patients on different registers. This led to a reduction in accident and emergency admissions and inappropriate hospital referrals. Data showed that the practice was second lowest for A&E attendance and hospital admission in the CCG.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice hosted several services such as physiotherapy, counselling, reflexology and hearing support within the building to reduce travel for patients requiring these services. Patients with multiple conditions had their needs reviewed in one appointment. The practice liaised regularly with the local district nursing team and community teams 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. There was proactive use of a Patient Passport tool, an encrypted smartcard that allowed healthcare information to be seen by authorised personnel. The Patient Passport alerted staff if there were any outstanding tests due or additional clinical input required. The Patient Passports were directly linked with local hospital data and allowed the extended healthcare team to access

the patient's key medical information outside of the practice. This had assisted the practice in being high performers in the local CCG.

Families, children and young people

Population group rating: Good

Findings

- Appointments were available outside of school hours from 7:30am on Tuesdays, Wednesdays and Thursdays. Appointments were also available on Saturdays until 1pm.
- 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 were offered a same day appointment when necessary.
- We work closely with the midwives, health visitors and school nurses to ensure integrated care.
- Immunisation rates were above the 90% target for all standard childhood immunisations. Unvaccinated children received regular reminders using the parents records and the patient passport scheme.

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 during the mornings for patients that worked.
- The practice was open from 7.30am on a Tuesday, Wednesday and Thursday. Appointments were available on a Saturday until 1pm.

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, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning

disability. For example, longer appointment times.

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included people who may be approaching the end of their life, and people who were in vulnerable circumstances or who had complex needs. For example, the practice had an admissions avoidance team who ensured that housebound patients and patients unable to attend the practice could be appropriately assessed and have support in the community. The team used both the clinical system and 'priority boards' in their office to keep up to date with changes in the care provided to patients on different registers. This had led to a reduction in accident and emergency admissions and inappropriate hospital referrals.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff were trained in the mental capacity act.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

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)	98.1%	82.2%	70.3%	N/A
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)	90.0%	77.2%	68.6%	No statistical variation
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)	80.8%	73.6%	65.9%	No statistical variation
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)	93.7%	81.4%	74.4%	Variation (positive)

Source	Feedback
Patient interviews	Patients we spoke to on the day of inspection reported they were able to get an appointment and get through on the telephone when they needed.
Comment cards	There were several comment cards which related to access within the practice. All comments were positive regarding access and ease of booking appointments. Some comments suggested that GP appointments could run late.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	Six
Number of complaints we examined.	Six
Number of complaints we examined that were satisfactorily handled in a timely way.	Six
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Examples of learning from complaints.

Complaint	Specific action taken
Patient's medication was not available in the dispensary due to a cancelled repeat prescription.	The practice recognised that the repeat prescription should not have been cancelled, re-instated it and apologised to the patient. The practice looked at the systems to ensure that a similar issue did not occur again.
Patient misunderstanding of correct appointment date.	The practice responded within their own policy guidance. The practice recognised that the percentage of patients who had supplied their mobile telephone number was minimal and text messaging could help to minimise incidents reoccurring.

Well-led

Rating: Good

Leadership capacity and capability

Leaders could demonstrate that they 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice demonstrated high quality leadership at all levels within the practice. Leaders were able to identify positive outcomes, alongside feedback from patients and utilised this to plan future care.	

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.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff reported there was a high morale within the practice and there was a strong team ethos. The practice identified areas of need across all population groups.	

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

Source	Feedback
Staff interviews	Staff felt able to raise concerns and felt the management team were approachable and would address any issues. Many staff had worked at the practice for a number of years.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Partial
Explanation of any answers and additional evidence: We found there was not clear guidance in place for the responsibilities of all staff in relation to cleaning.	

Managing risks, issues and performance

There were some 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.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Systems for managing infection prevention and control, risk assessments and standard operating procedures in the dispensary and expiry dates of medicines stored in the practice were not always effective.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

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.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: Staff reported that personal development was actively encouraged and training was available to them. The practice upskilled staff where possible.	

Examples of continuous learning and improvement

The practice were part of a pilot with the Clinical Commissioning Group (CCG) for a diabetes management project. This included part funding a healthcare assistant to take part in this. The practice had won national awards for their work in the management of diabetes.

The practice had implemented a Patient Passport, which was an encrypted smartcard with patient specific data on. This alerted staff if patients were overdue any tests and healthcare assistants routinely contacted patients to book them in for tests where appropriate. This had assisted the practice in being high performers in the local CCG.

The practice had a Patient Participation Group (PPG) and were looking to grow the group to provide further patient engagement. The PPG was promoted by staff and advertised in the waiting area.

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 no statistical variation, 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 no statistical variation 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	No statistical variation	$-2 < Z < 2$
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:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.