

# Care Quality Commission

## Inspection Evidence Table

### Clinton Road Surgery (1-554425702)

Inspection date: 4 December 2019

Date of data download: 21 December 2018

## Overall rating: Good

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

### Safe

### Rating: Requires improvement

#### 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.	Partial
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

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<p>The child protection lead met with the health visitor every 3 months and there were minutes of these meetings available and emailed to all the GP partners. Medical staff knew where to access information for referrals to the safeguarding team and seeking advice. However, the safeguarding policy did not contain definitions of which patients were to be recorded as safeguarding. There was no consistent system in place to record and identify children who were subject to safeguarding concerns or on the child in need register or the recording of soft concerns.</p> <p>Staff explained children should have popup on notes to alert clinicians to any safeguarding concerns. However, we reviewed the notes of children who were discussed as concerns at the most recent child safeguarding meeting in November 2018 and found none had an alert note on their record. The practice held a list of 15 children whose records were coded as having child safeguarding issues, four further patient records were reviewed and with only having an alert note. The practice did not have a clear system in place for recording and discussing softer concerns about children who could be at risk. We found the practice did not have a consistent approach to recording codes of child protection- these were recorded as low priority (and not high priority as expected) in three out of four patient records reviewed.</p> <p>Minutes were seen of several meetings in the year where safeguarding discussions had taken place with the health visitor and information about historical concerns held centrally.</p> <p>We looked at how the practice recorded adult safeguarding concerns. There was currently no specific list of "adult safeguarding", however the practice did have separate lists of potential vulnerable patients- These were lists of patients with learning disabilities, frailty (severe and moderate), alcohol, mental health and dementia needs. Minutes demonstrated who the patients with safeguarding concerns were and these were discussed at meetings, however there was not any overall amalgamation of the lists to produce a vulnerable adult list of patients.</p> <p>Immediately after the inspection, the practice sent us information demonstrating the safeguarding policies and processes for adults and children had been reviewed. A named administrator was responsible for managing information before and after meetings, including updating safeguarding lists held. The GP partners had also reviewed its list of vulnerable adults in line with the new process.</p>	

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:	
<p>We reviewed two staff files which demonstrated safe appointments were made. Medical indemnity is in place for clinical staff at the practice. However, the practice did not obtain immunity status for non-clinical staff. We highlighted guidance on the Care Quality Commission website referencing the 'green book', which healthcare providers should follow. Immediately following the inspection, the practice sent further evidence demonstrating blood samples had been taken from non-clinical staff and information gathered about their immunity status.</p>	

A spreadsheet was held of General Medical Council (GMC) and Nursing, Midwifery Council (NMC) registration, revalidation and other qualifications held. Dates had been kept demonstrating an annual check of professional bodies was done for all clinical staff, including locum staff. The practice had a system in place to undertake appropriate checks, including performers list, DBS and medical indemnity insurance, for locum staff before they started work at the practice.

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: 15/3/2018	Yes
There was a record of equipment calibration. Date of last calibration: 21/5/2018 – BP monitor 25/7/2018 – all other equipment	Yes
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: 15/6/18	Yes
There was a log of fire drills. Date of last drill: 3/12/2018	Yes
There was a record of fire alarm checks. Date of last check: 3/12/2018	Yes
There was a record of fire training for staff. Date of last training: see training record	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: 4/7/18	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: We saw invoices for the Fire safety system demonstrating maintenance checks were carried out in January and November 2018.	
Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 9/1/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 9/1/2018	Yes

Explanation of any answers and additional evidence:

The practice had reviewed and updated the lone working policy shortly before the inspection to reflect changes in working practices and staffing resources.

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were 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: December 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Weekly cleaning schedules were kept and seen having been completed. We saw contracts for collections of clinical waste, which staff verified was collected weekly. Yellow waste bins for clinical waste were seen outside both sites, locked and secure.</p> <p>The practice nurse was the lead for infection prevention and control (IPC) at Clinton Road Surgery. The audit carried out in December 2018 identified some gaps in training and audit with proactive actions recorded as: Staff were asked to use the online training resources to update themselves about IPC before the end of March 2019. Handwashing audits were planned for every quarter. Protected time was set aside for staff to complete the training. Line management support, networking opportunities in the locality and protected time was increased for the IPC lead.</p>	

## 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>The practice planned peak holiday periods in advance, with arrangements being put in place for locum cover up to and over the Easter period of 2019. Staff verified the practice chose to use a limited group of locums who worked there regularly for continuity of care.</p> <p>The current IT system used at the practice did not have embedded templates for clinical staff to use to record their assessment in a standardised way. Clinical staff recognised the limitations of the system and demonstrated they followed NICE guidance when assessing patients.</p> <p>We spoke with three staff in non-clinical roles who verified they had received training about recognising symptoms of a deteriorating patient, including those linked to sepsis. However, they did not have access to a reception pathway highlighting 'red flag' symptoms that should be immediately escalated to a GP. We were shown a system, which staff explained was used for alerting a GP to see a deteriorating patient immediately.</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

**Explanation of any answers and additional evidence:**

Three clinical records demonstrated evidence of appropriate note taking and referrals being made in a timely way for patients needing further assessment. The practice had clear systems for making urgent referrals with a follow up system to ensure patients had received an appointment, been seen and the outcome of the appointment and diagnosis was known. GPs demonstrated compassion, with contact being made with the patient by phone shortly afterwards.

There was a system for reviewing pathology results, which we tracked and found were dealt with in a timely way. There was cover provided for absent GPs so that the results, pathology and documents were dealt with by another GP at the practice.

Named administrative staff had implemented systems monitoring performance with targets for dealing with urgent and non-urgent referrals. We were shown a spreadsheet, which showed all referrals made in December 2018 were within the target set. Previous audits carried out each month demonstrated quality improvement in these processes and provided the practice with assurance of appropriate and timely referrals being made and monitored for patients.

**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)	0.79	0.97	0.94	No statistical variation
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)	6.7%	9.7%	8.7%	No statistical variation

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	Yes

Medicines management	Y/N/Partial
or peer review.	
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 checks and disposal of these medicines, which were in line with national guidance.	None on site
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.	NA
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.	Yes
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>The practice carried out an audit of Quinolone and Cephalasporin use and undertaken a re-audit which had improved prescribing practices. The practice was a positive outlier, below the clinical commissioning group (CCG) and national average as a result of this work.</p> <p>Records were held demonstrating regular checks were completed of emergency drugs and equipment. However, these did not include a date recording when some equipment was checked, for example the oxygen cylinder and defibrillator pads. This was corrected immediately during the inspection, with out of date equipment removed and replaced and records for this to be checked in future. There was an out of date Epipen present. The practice had evidence showing advice was sought from the medicines team at the CCG and pharmacists, which stated the product could still be used until more Epipens became available.</p>	



Medicines management	Y/N/Partial
Systems were in place to monitor prescription scripts and stationary numbers. However, there was no documentation held recording when these arrived at the practice for use, which was immediately rectified at the inspection. Records demonstrated the system monitored when prescription scripts were distributed to rooms for GPs to issue.	
The practice had a system for monitoring blue scripts issued to patients on controlled medicines as part of the shared care arrangements for those with a history of substance misuse. Patients were closely monitored and we saw evidence of them being reminded when they were over-due a blood test. Immediately following the inspection, the practice wrote a protocol outlining the process staff should follow if patients continues to not attend appointments for monitoring.	

### 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:	38
Number of events that required action:	
Explanation of any answers and additional evidence: The practice encouraged reporting of significant events and use these for learning and improvement, which reflected the high number reviewed in the last 12 months for this small practice. Records demonstrated issues were discussed with the team, learning identified and actions completed. Staff interviewed told us they were actively encouraged to report near misses and used these and positive outcomes for patients for quality improvement purposes.	

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

Event	Specific action taken
A patient with a prostate cancer risk had a small but significant increase in hormone that needed further investigation	The patient was appropriately referred to secondary services for further investigation and treatment. The practice used this as a positive learning outcome and reviewed all male patients who had undergone an invasive procedure known as a transurethral resection of the prostate (TURP) to check that patients small but significant changes in blood results (that could indicate prostate cancer risk) were followed up.



A delayed referral for a patient needing further investigation	The matter was discussed and the practice had implemented a system of governance with set targets for dealing with non-urgent and urgent referrals. Monthly audits were done and demonstrated improved performance in accuracy, timeliness and monitoring of all referrals.
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<b>Safety alerts</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Safety alerts were sent to the practice manager and were then disseminated to named staff within each team to action. Staff interviewed verified this information was sent to them for action. We looked at safety alerts received from Medical Devices Regulatory Agency (MHRA). Email communications demonstrated action was taken when an alert was received about equipment used to monitor INR levels for patients on anticlotting medication. Samples were taken and sent to the laboratory to validate results and ensure these were consistent with results produced by the equipment on site.</p> <p>A search of all female patients on sodium valproate took place following a medicines safety alert. Five patients were identified and followed up. Practice records demonstrated searches of patients on sodium valproate continued to take place and were acted on.</p>	

## 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

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"><li>• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li><li>• The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li><li>• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li><li>• Health checks were offered to patients over 75 years of age.</li></ul>

## 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 GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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) <small>(QOF)</small>	83.2%	83.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.9% (46)	19.2%	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) <small>(QOF)</small>	86.4%	79.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.7% (29)	12.3%	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) <small>(QOF)</small>	87.1%	83.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.5% (23)	14.4%	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)	76.5%	75.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.3% (8)	11.0%	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)	93.7%	90.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.9% (8)	14.4%	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)	81.3%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.5% (24)	5.3%	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)	100.0%	89.5%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	13.0% (10)	6.8%	6.7%	N/A

## Families, children and young people

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> <li>Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets based on the information available to CQC. At the inspection, the practice showed us unpublished data demonstrating a higher uptake was being achieved.</li> <li>The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.</li> <li>The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health</li> </ul>

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 influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	42	51	82.4%	Below 90% minimum (variation negative)
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)	45	49	91.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	42	49	85.7%	Below 90% minimum (variation negative)
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)	43	49	87.8%	Below 90% minimum (variation negative)

#### Any additional evidence or comments

The practice had acted on the data for 2017/18 showing the practice as an outlier on three of the four childhood immunisation indicators. An audit of performance found the percentages reflected all children who had a record of being immunised at the practice. However, in total 93% of children had evidence of having been immunised, for some this had been done elsewhere whilst in hospital or when registered with their previous GP practice. Appropriate and timely follow up was demonstrated with staff contacting parents when children were overdue a booster or first immunisation appointment. The practice supported hard to reach parents for example, those living in the traveller community to immunise their children.

#### Working age people (including those recently retired and students)

Population group rating: **Good**

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for

patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- Patients 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)	69.2%	74.9%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.7%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.4%	60.7%	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)	60.7%	63.7%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	53.8%	52.1%	51.9%	No statistical variation

### Any additional evidence or comments

Clinton Road Surgery serves an area of high deprivation with hard to reach patients. The practice used every opportunity to engage women in the cervical screening programme. Information was on the practice website and screens in waiting rooms.

Staff told us all patients with a cancer diagnosis were offered an open appointment with a practice nurse to ensure they were receiving the support they needed.

### 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, travellers and those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

## 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, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- Staff had received dementia training in the last 12 months.

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)	93.6%	92.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	19.0% (11)	16.5%	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)	95.9%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	15.5% (9)	14.1%	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)	87.9%	83.1%	83.0%	No statistical variation

Exception rate (number of exceptions).	17.5% (7)	7.4%	6.6%	N/A
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### Any additional evidence or comments

We looked at a sample of patient records and discussed these with GPs. The practice verified decisions to exception report (exclude a patient from being reviewed) were made by GPs for clinical reasons. In the sample we saw some patients were under secondary care services, being regularly reviewed by the mental health team. The practice had carried out a review of the patient medicines in liaison with the mental health team. If the rationale for exception reporting was due to dissent of the patient this was done at the end of the financial year after all options had been explored to engage the patient in the process through telephone calls, letters and any face to face contact.

### 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)	557.96	-	537.5
Overall QOF exception reporting (all domains)	6.8%	6.7%	5.8%

	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

<p>The practice used clinical audit to complete in-depth learning from significant events to improve patient safety. Examples seen were:</p> <ul style="list-style-type: none"> <li>Lithium monitoring audit – the audit examined whether the practice was complying with advice on lithium (a psychiatric medicine) monitoring. For stable doses, the guidance recommended three monthly blood level checks and six-monthly blood tests looking at kidney and thyroid function. Four out of seven patients had the required tests completed. One patient was overdue the kidney and thyroid function tests, one was overdue all blood monitoring, and another patient was being re-assessed by the community mental health team. The practice followed up the patients and with encouragement had increased compliance with taking medicines regularly, attending for blood monitoring and all were found to be in range. The practice improved patient safety governance for those on lithium by having a named member of staff monitoring this information every day and</li> </ul>
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reporting back to the GP partners actions needed.

- Antibiotic stewardship audit - reviewed antibiotic prescribing of antibiotics, particularly the percentage use of Co-amoxiclav, Ciprofloxacin (broad spectrum antibiotics) which have been linked with an increase in hospital acquired infections. The first cycle audit found the practice prescribing was better with 7.8% compared with Kernow Clinical Commissioning Group average of 9.8%, showing fewer episodes of prescribing these antibiotics in line with the national campaign to reduce prescribing. The second audit found a similar outcome with the practice performing well in being vigilant in prescribing antibiotics.

## Effective staffing

**The practice was able to demonstrate 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.	Yes
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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	NA
Explanation of any answers and additional evidence:	
The practice staff accessed appropriate training via a nationally recognised training provider. The practice manager demonstrated they had oversight of completion of mandatory training, which included dementia awareness. The summary of training demonstrated staff were up to date with most training and/or had a date to complete these before the end of the financial year.	

## 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)	96.5%	94.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.5% (19)	1.1%	0.8%	N/A

### Any additional evidence or comments

Patients responding in writing (51) and in person (five) as part of the inspection made references to the monitoring they received from the practice. Examples of patients living with long term conditions and life limiting conditions were highlighted, with evidence supporting data seen verifying they were recalled for reviews regularly. For example, a young patient with asthma commented they had been asked to attend where further testing, including observation of their technique and use of short acting SABA was undertaken. They were given an asthma plan and additional equipment to help them take this medicine more effectively.

## 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
Explanation of any answers and additional evidence:  We were shown a system for monitoring consent obtained for third party requests for medical records. The records showed a clear tracking process with three record requests which had been held back due to patients not returning consent. This demonstrated adherence to the General Data Protection regulations.	

# 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:  Five patients and feedback in some CQC comment cards highlighted positive experiences receiving appropriate and timely support when they needed it most. Of these, some were carers who felt well supported by the staff who told us they went above and beyond to meet their needs and their relatives they were caring for.	

CQC comments cards	
Total comments cards received.	51
Number of CQC comments received which were positive about the service.	50
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient participation group member	Five patients told us the staff were compassionate and patient focussed in all aspects of care and treatment.
CQC comment cards	50 patients responding in CQC comment cards gave strongly positive feedback about the way they were treated. Themes highlighted included being 'treated as an individual', 'knowledgeable and caring approach'.



## 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
4638	237	106	44.7%	2.29%

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)	88.5%	92.6%	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)	88.6%	92.3%	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)	91.4%	96.9%	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)	83.9%	89.4%	83.8%	No statistical variation

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

Any additional evidence
During the inspection the practice was carrying out a survey with patients about improving access during the evenings and on Saturdays. It was too early to report on the outcome of this survey.

### 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	Five patients told us they were encouraged to be active partners in their care and treatment. Information was provided regularly and GPs followed up and checked whether patients were satisfied and had received appropriate responses when referred to secondary services.

### 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)	89.0%	95.8%	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
Explanation of any answers and additional evidence: Information was displayed in a themed way in the waiting room.	

Carers	Narrative
Percentage and number of carers identified.	52 patients were identified as carers representing 1.1% of the patient population.  The new patient questionnaire includes a question for people to identify themselves as a carer. Further work was being done to improve safeguarding information on the system and would incorporate a review of patients to ensure they were appropriately coded as a carer where appropriate.
How the practice supported carers.	Carers were signposted to the Kerrier Carers forum. We saw information in the waiting room advising patients of carer support groups.
How the practice supported recently bereaved patients.	Patients we interviewed told us they had a good relationship with their GPs who knew them and their extended families living in the area well. Home visits were carried out where appropriate. Information about bereavement counselling and support was available in the waiting room.

## 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
Explanation of any answers and additional evidence:  Patients (51) provided feedback in CQC comment cards, the majority remarking on the high level of respect they received from all staff at the practice.	

# 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
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	<p><b>GP</b> 8.30am to 11.30am, 2pm to 3.30pm, 4pm to 5.30pm</p> <p><b>Nurse</b> 8.30am to 12pm and 2pm to 5pm</p> <p><b>Health care assistant</b> 8am to 12.30pm and 1.30pm to 5.30pm</p>
Tuesday	<p><b>GP</b> 8.30am to 11.30am and 3.30pm to 5.45pm</p> <p><b>Nurse</b> 8.30am to 12pm and 2.30pm to 5.30pm</p> <p><b>Health care assistant</b></p>

	8am to 12.30pm and 1.30pm to 5.30pm
Wednesday	<p><b>GP</b> 8.30am to 11.30am and 3pm to 5.10pm</p> <p><b>Nurse</b> 8.30am to 12pm and 2pm to 5pm</p> <p><b>Health care assistant</b> 8am to 12.30pm and 1.30pm to 5.30pm</p>
Thursday	<p><b>GP</b> 8.30am to 11.30am and 3.30pm to 5.45pm</p> <p><b>Nurse</b> 8.30am to 12pm and 2pm to 5pm</p> <p><b>Health care assistant</b> 8am to 12.30pm and 1.30pm to 5.30pm</p>
Friday	<p><b>GP</b> 8.30am to 11.30am and 3.30pm to 5.45pm</p> <p><b>Nurse</b> 8.30am to 12pm and 2pm to 5pm</p>
Extended hours	<p>The practice is open between 8am and 6:30pm Monday to Friday. Late surgeries are run on every Thursday between 6.30pm to 8pm as part of the improved access to extended services. The practice also provides extended services on a rotation with other practices in the area opening every third Sunday. Outside of these times, patients access hubs based in Camborne and Redruth Community Hospitals. Other hubs are available at Bodmin, Stratton, St Austell, Liskeard, Newquay, Falmouth and Truro. Staff at the practice direct patients to these access services with further information available on the practice website.</p>

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4638	237	106	44.7%	2.29%

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)	91.9%	96.2%	94.8%	No statistical variation

### Any additional evidence or comments

Staff showed us the appointment system. The next available pre-bookable routine GP appointment was within eight working days of the inspection.

## Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice assisted housebound patients in accessing a medicines delivery service from local pharmacies in Redruth.
- The practice was working with the locality team on projects around the development of Cambourne-Redruth hospital, which would include expanded dressings clinics, and a frailty assessment unit.
- Carers status was being reviewed and flexible appointment booking was available using 'blocked' slots where necessary.
- Regular meetings were held with the dementia practitioner to discuss and plan care and support for this group of patients. We also meet with our specialist palliative care nurses regularly to discuss patients where end of life planning is needed.

## People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment. The practice had implemented a future booking system whereby the patients next review was set up during their appointment. Patients were then sent a reminder nearer the time by letter and/or by SMS text messaging.

- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice accessed secondary care consultation via a virtual clinic approach between the practice nurse and diabetic specialist nurse where needed. A large number of diabetic patients were reviewed in this way with changes being made to their care based on these reviews. Data for this area showed the practice was performing in a similar way when benchmarked against the local and national averages.

## Families, children and young people

**Population group rating: Good**

### Findings

- Appointments were available before and after school hours for school age children so that they did not need to miss school.
- 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.
- The practice was an approved 'SAVVY Kernow' service (providing young people with easy access to sexual health advice, screening and contraception). Information about this was displayed on notice boards, which included advice about being able to access chlamydia screening at the practice.

## 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.
- The practice was open from 8am to 6.30pm. Early morning and late evening appointments were offered for example, blood tests available from 8am for working patients.
- Late surgeries were held every Thursday between 6.30pm to 8pm as part of the improved access to extended services. The practice also provides extended services on a rotation with other practices in the area opening every third Sunday. Outside of these times, patients access hubs based in Bodmin, Stratton, St Austell, Liskeard, Newquay, Falmouth and Truro. Staff at the practice direct patients to these access services with further information available on the practice website.
- Text message reminders were sent to patients for appointments.
- Patients were able to access services on line, for example making repeat medicines requests,



pre-booking appointments.

- Telephone appointments were available for patients.

## People whose circumstances make them vulnerable group rating: Good

## Population

### 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 issued food bank vouchers to patients in need and also signposted them to drop in centres in Redruth for homeless people.
- Staff worked closely with other healthcare providers supporting patients, for example the learning disabilities liaison nurse. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability by providing appropriate training for staff, such as total communication methods to use during annual health checks with patients.
- The practice ran an addiction clinic for our patients and patients from local practices under the umbrella of the 'Addaction' service, who we have a contract with. A GP with specialist interest qualifications was able to provide substitute prescribing and holistic health care. Bringing these patients into the practice setting enabled them easier access to routine health care. Dedicated nursing appointments were set aside in order to be able to offer additional opportunistic services whilst a patient was at the practice. This included immunisations, dressings, blood tests blood pressure checks.

## 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.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice worked closely with the local community mental health team, with regular meetings held at the surgery with the consultant to discuss patients and identify the support needed.
- Since the last inspection, the practice had increased its joint working with a local third sector organization. Projects available offered patients social support, mentoring and training opportunities, as well as support around finances and benefits. The practice hosted a social prescribing clinic one day a week, for any self-referring or referred patients to obtain additional support to improve their mental well-being.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a duty GP system and GPs.</p> <p>Verbal feedback from five patients during the inspection highlighted the practice was very caring. Themes covered supporting carers and patients receiving responsive and supportive palliative care. An example was shared with us of patient who did not feel well enough to attend for a blood test. The immediate response was to send a practice nurse to the patient's home to complete this for them. Out of hours visiting from a GP had ensured the patient and carer were receiving the support they needed at during a difficult time of their treatment.</p>	

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)	87.7%	77.7%	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)	79.6%	78.1%	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)	77.6%	74.6%	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)	82.0%	82.7%	74.4%	No statistical variation

### Any additional evidence or comments

A new telephone system had been installed following feedback from patients. This provided the practice with more incoming lines from three to six. Interactive messages on the phone, plus updating a caller about the queue. This had resulted in fewer complaints being received from patients.

Source	Feedback
CQC comment cards	51 patients responding in a CQC survey verified appointments were easy to access.
Interviews with patients	Four patient representatives told us they could access appointments for routine issues on the same day, which they felt was responsive to their needs and those of the community.

### Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
Explanation of any answers and additional evidence: We looked at a sample of complaints. Learning was identified for the practice. There was evidence of duty of candour, for example with apologies given where appropriate and resolution meetings being held with patients.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Concerns about the care of older person following discharge from hospital.	The practice increased the follow up of patients discharged from hospital. The practice was due to start a pilot in the locality with a new joint funded care co-ordinator working across three practices. Their role was to visit newly discharged patients and signpost to support.

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels 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: We saw examples of succession planning in place. Extensive job roles and descriptions had been written up in a way for staff to follow in the event of an emergency or to develop staff skills.  The practice had been having meetings with the local council about potential options to improve access. It was too early to report on the progress at this inspection.	

### 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 told us they were proud working at Clinton Road Surgery. They told us there was a no blame culture and felt supported in being able to raise concerns and use these to share learning and improve the service for patients.	

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

Source	Feedback
CQC staff comment forms	Five staff completed feedback forms. All were proud to work for the practice and felt the team was patient focussed and worked holistically. Staff commented that they were well supported and encouraged to improve the services for patients.

### 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.	Yes
Explanation of any answers and additional evidence: Since the last inspection, the practice continued to use audit to monitor embedded practise changes made following significant events, national patient safety alerts and current best practice guidelines. All GP partners had lead roles, for example as safeguarding and prescribing leads. The practice nurse was the lead for infection prevention and control. However, governance arrangements for the management safeguarding information, infection control and health and safety need to be strengthened to ensure required changed is implemented and safety improved.	

## Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	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.	Yes
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:	
<p>Clinton Road Surgery is a small popular practice in Cambourne. The GP partners and practice manager met regularly to monitor budgets to ensure patients had continuing access to health care there. With only three GP partners, the practice used two named locum GPs regularly to cover absences and a session each week which promoted continuity and reduced potential risks for patients.</p>	

## 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
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
<p>Since the last inspection, systems implemented had continued to be used to monitor performance. For example, weekly meetings were held between the practice manager and GP partners to discuss reports from the clinical and non-clinical teams. The practice demonstrated there was regular monitoring of the quality outcomes framework (QOF) for patients with lower exception reporting and action taken to</p>	

increase uptake of reviews with patients.

## 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

Feedback from Patient Participation Group.

Feedback
Since the last inspection, the practice had continued to work with the patient participation group (PPG) re-established in 2016. We met with five members of the PPG who told us the focus of group was to be a critical reviewer, challenging the practice when needed and being proactive in supporting developments for people registered there.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>Staff were enabled to upskill, with examples seen of arrangements made for the practice nurse to complete the independent prescribing course later in the year. Staff spoke about internal development opportunities and the practice recognised talent and had created new roles and responsibilities to improve governance arrangements.</p> <p>A GP partner was actively involved in teaching medical students on placement at the practice.</p> <p>The practice manager was proactively involved with the Kerrier locality group, where learning was shared and opportunities to join pilots was utilised and brought back to the practice.</p>	



## 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.