

Care Quality Commission

Inspection Evidence Table

Eaton Socon Health Centre (1-592523973)

Inspection date: 3 December 2018

Date of data download: 13 November 2018

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

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	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).	No*
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
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Yes

Explanation of any answers and additional evidence:

- The oversight of staff training was not effective and we found some staff were not up to date with their training the provider deemed mandatory, such as safeguarding and infection control.
- The safeguarding leads attended quarterly meetings with community leads. In addition, patients were discussed locally at the weekly clinical meeting.

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.	Yes
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:	
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
There was a record of equipment calibration. Date of last calibration: 18 October 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Yes
Fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: 8 September 2018	Yes
There was a log of fire drills. Date of last drill: 30 May 2018	Yes
There was a record of fire alarm checks. Date of last check: 28 November 2018	Yes
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: 18 Jan 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

There was a record of fire training in place for staff, however the provider could not show evidence that all staff had undertaken training as recommended in the fire risk assessment.	
Health and safety Premises/security risk assessment carried out. Date of last assessment: 18 November 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 18 November 2018	Yes*
Explanation of any answers and additional evidence: Some areas of risk were not on the risk assessment although the risks, such as blind pull cords, were still present and had been highlighted in safety alerts.	

Infection control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection risk assessment and policy in place	Yes
Staff had received effective training on infection control.	Yes*
Date of last infection control audit: December 2017	
The provider had acted on any issues identified in infection control audits.	Yes*
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Infection prevention and control training was in place and the lead was suitably qualified, however there was no effective oversight of the training completed by other staff. As a result, not all staff had completed the training within the required timescale.• The infection control audit completed in December 2017 had been revisited to ensure all action points were completed in July 2018.	

Risks to patients

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

Question	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.	Yes
There was a process in the practice for urgent clinician 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 provider assessed and monitored the impact on safety.	Yes

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 provider demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice utilised templates for referrals which outlined relevant tests and assessments to be completed prior to a referral being made. This reduced the number of patients being rejected secondary care appointments. This had increased the proportion of successful referrals made to secondary care, and meant more elective appointments were offered directly to patients as the appropriate screening information had already been provided. Online appointments were available, and the uptake of patients signed up to online access of appointments had been high. However, due to a changeover of clinical systems the surgery had to start again and was in the process of making patients aware of the need to reapply for online access to appointments. All patients who had visited an out-of-hours service, or emergency department, had their notes reviewed by the on-call nurse the following morning and then were passed to the administrative team to be coded and referred to a GP if required. 	

Appropriate and safe use of medicines

The provider ensured the safe use of medicines.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.18	1.02	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	17.7%	12.4%	8.7%	Significant Variation (negative)

Medicines management	Y/N/Partial
The provider had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in	Partial

use.	
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice ensured prescribing updates from the local Clinical Commissioning Group (CCG) and Medicines & Healthcare products Regulatory Agency (MHRA) were reviewed at weekly meetings. However, we found not all The National Institute for Health and Care Excellence (NICE) guidance was reviewed and audited. Following the inspection, the practice has placed NICE guidance as a standing agenda item and re-run historical alerts. • Significant changes had been implemented to ensure a reduction in the prescribing of antibiotics. This was accomplished by working with the provider medicines management team, and ensuring each prescription for antibiotics was reviewed by a second clinician to gain a second opinion. • Partial - Two fridges used to store vaccines in a public area of the practice, were plugged into a power source which could easily be switched off. This could cause the temperature of the medicines to go outside of a safe range and potentially become ineffective. 	

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.	18
Number of events that required action	18
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw several examples of significant events which had been reviewed and learning taken place. For example, whilst waiting for an ambulance a patient was placed on oxygen to stabilise their condition. The practice had two cylinders and during the two hours wait for the ambulance to arrive, they had almost run out of oxygen. As a result, the practice was investing in additional cylinders to ensure a reasonable supply was available if such a situation reoccurred. 	

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

Effective

Rating: Good

Please note: QOF data relates to 2017/18 unless otherwise indicated

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We found not all NICE guidance was followed. For example, we found not all patients without a spleen were offered antibiotics as in line with NICE guidance. Following the inspection we were informed these patients have been followed up, and NICE is a standing item at the clinical meetings. The practice arranged 'lunch and learn' times for staff to engage with local consultants on clinical areas such as dermatology. If any of the GPs attended external training courses they would share the learning at the weekly meeting and make their notes and handouts available in the staff room. In addition, there were joint training sessions arranged for both clinicians and medical students to ensure learning was standardised. 	

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.60	0.91	0.83	Comparable with other practices

Older people

Population group rating: Good

Findings

- All patients over the age of 75 had a named GP in order to maintain continuity of care.
- A clinical pharmacist was completing medicine reviews of older patients, this ensured patients taking multiple medicines remained safe and their repeat prescriptions were optimised in consultation with GPs.
- Flu vaccinations were administered at patient's homes if they were unable to get to the surgery.

Findings

- There was an effective recall system in place for patients who required regular reviews of their long-term conditions. The administration staff held patient lists based on conditions they had received training on. They worked closely with the clinical team to ensure appointments were arranged at the patients' convenience and coordinated their recall for tests with appropriate clinicals.
- The provider had a medicines management team who visited the practice and worked closely with clinicians to ensure patients medicines were the most appropriate.

Diabetes Indicators

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	84.2%	80.4%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.7% (132)	15.7%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	72.1%	74.5%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0% (89)	11.9%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	77.9%	79.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (93)	15.5%	13.5%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	64.0%	76.1%	76.0%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (25)	7.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.4%	90.7%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.9% (58)	13.6%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.2%	82.2%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (75)	4.7%	4.2%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.9%	90.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (31)	7.6%	6.7%	

Any additional evidence or comments

- The practice had seen a significant reduction in the number of nursing staff employed in the past 12 months due to three nurses leaving employment at the practice and this had led to a reduced capacity in areas such as asthma reviews. As part of the merger with a neighbouring practice, the nurses had agreed to work across both sites and this had resolved the capacity issues and allowed an increase in the reviews completed.
- We reviewed the clinical system to ensure exception reporting was being applied appropriately and found that it was. Each patient had received three contacts to make an appointment for their review and this was overseen by the administrative and nursing team.

Findings

- The practice was proactive in building a relationship through supportive antenatal and postnatal care to support new mothers and families.
- There were weekly community midwifery clinics hosted at the practice.
- The practice was supportive in the care of families who have experienced neonatal deaths or still births, ensuring appointments were made at a time when there were less babies in the building.

Child Immunisation

Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	106	107	99.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	119	121	98.3%	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)	119	121	98.3%	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)	117	121	96.7%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

- The practice was proactive at engaging with patients regarding immunisations. There was an administrative lead who oversaw bookings for clinics and appointments. Once the child health team had completed the initial appointment, the reception team took ownership of the follow-up and engaged with those who missed appointments. All bookings were confirmed with patients, to ensure they were aware of the appointments, as there had been an issue with external services booking appointments but not notifying the patient.
- We saw the health visitor had a positive relationship with the practice nurses and administration lead for immunisations and arranged appointments directly when visiting patients.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients could book appointments in person, by telephone and online.
- The practice hosted a smoking cessation clinic every week as well as having staff on hand trained in smoking cessation.
- There was an anti-coagulation monitoring service on site in addition to other clinics such as family planning, smears and dermatology to reduce the need to attend hospital.

Cancer Indicators

Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	76.0%	71.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.7%	74.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.7%	56.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	70.2%	63.2%	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)	48.4%	59.7%	51.6%	Comparable with other practices

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice reviewed any out of hours or emergency department consultation with vulnerable patients daily and contacted them if they might need any further help.
- There was a safeguarding lead for adults and one for children, the practice worked closely with community teams and were able, with the consent of patients, to share a summary medical record with community teams to ensure coordination of their care and treatment out of-hours.
- A health care assistant had taken on the reviews of patients with a learning disability and these appointments were made in the evening when the practice was quieter.
- There was a hotline number for patients coded as vulnerable which by-passed the main switchboard and could be used by the patient or carers to arrange support or an appointment.

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

Population group rating: Good

Findings

- Clinicians worked in conjunction with local mental health teams to ensure coordinated care was provided.
- The practice liaised with 'Change, grow, live' (a local support service) for those with drug and alcohol dependency.
- There had been completed audits showing the practice was a low prescriber of anti-psychotic medicines for patients with dementia.

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.4%	91.1%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.5% (12)	13.1%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.5%	89.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (9)	11.7%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.9%	85.0%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (9)	6.6%	6.6%	

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice manager attended a Local Medical Committee (LMC) meeting which aimed to support practice managers in the local area and was attended by the Clinical Commissioning Group who provided updates and support as necessary.The lead GP had been involved in the formation of a federation for local practices.	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	536	541	540
Overall QOF exception reporting (all domains)	6.6%	6.6%	5.8%

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

Improvement activity
<p>There was an audit plan in place and audits requiring further cycles were scheduled with a date.</p> <ul style="list-style-type: none">We reviewed three recently completed audits which showed improvement to the way patients were cared for. For example: <p>We reviewed an audit for patients on high risk medicines who required monitoring prior to prescriptions being issued. In the initial audit it was found that some patients were incorrectly coded on the system and had not had a blood test within the scheduled limits. On the second audit there was improvement in these areas and additional learning implemented to further improve for the next audit. These areas for improvement included:</p> <ul style="list-style-type: none">A procedure to check for hospital blood tests to ensure they were visible to the prescribing GP. If they had not been completed, the patient would be given an appointment.Advice given to all GPs to record any decision making in the patient's record.A further training update given to all clinical staff so they were aware of the importance of regular blood tests for the patient.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of 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 appraisals, one to one, 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Nursing staff were supported in completing additional training relevant to their speciality. Administrators had recently completed a medical terminology course to aid in their role. The lead nurse kept oversight of the training needs of staff. This was completed through a combination of online and work based training, however we found not all staff were up to date with training the practice deemed as mandatory. 	

Coordinating care and treatment

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

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) <small>(QOF)</small>	Yes

	Y/N/Partial
We saw records that showed 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 co-ordinated way when different teams, services or organisations were involved.	Yes
The practice had regular (at least 3 monthly) multidisciplinary case review meetings	Yes

where all patients on the palliative care register were discussed.	
<p>Explanation of any answers and additional evidence:</p> <p>We saw minutes of meetings evidencing relevant teams and community services met to discuss patients' needs and update care plans when required.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Palliative patients were allocated two named GPs, and a direct access phone number to ensure consistent and prompt care was provided. There was an administrative lead who took the calls, liaised with district nurses and the Macmillan team, and was recognised by the patients as their point of contact. There were several clinics provided by external organisations for patients within the practice. These included, dietician clinics, diabetes clinics and smoking cessation clinics. 	

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)	94.7%	95.2%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (39)	0.9%	0.8%	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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

The practice was rated as good for providing caring services because:

- Feedback was generally positive about the way patients were cared for
- Staff showed a patient centred approach to the care they delivered.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was generally positive about the way staff treated people.

CQC comments cards	
Total comments cards received	Four
Number of CQC comments received which were positive about the service	Three
Number of comments cards received which were mixed about the service	One
Number of CQC comments received which were negative about the service	None

Examples of feedback received

Source	Feedback
Comment Cards	<ul style="list-style-type: none">• Patients said the practice staff were courteous and caring and treated them with dignity and respect.
Patient Interviews	<ul style="list-style-type: none">• We spoke with six patients and they told us they were happy with the service and care they received from clinicians. There was some mixed feedback regarding the appointments system and the way in which reception booked patients in for appointments but overall patients were happy with the service.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11774	231	116	50.2%	0.99%

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)	89.1%	90.5%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	92.9%	89.1%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.4%	96.3%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	78.7%	85.5%	83.8%	Comparable with other practices

Any additional evidence or comments

- The practice sent a card and followed up the relatives following a bereavement and offered support and follow-up appointments as appropriate.

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

Any additional evidence
<ul style="list-style-type: none"> The practice asked for feedback from patients using the friends and family questionnaire and monitored the results.

Involvement in decisions about care and treatment

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	87.8%	94.5%	93.5%	Comparable with other practices

Question	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	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.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff had access to a telephone interpretation service and leaflets were available in other languages by request. 	

Carers	Narrative
Percentage and number of carers identified	The practice had 228 patients identified as carers. (1.91% of practice population). However, the list included 71 carers under the age of 10 and highlighted an issued with the way carers were being logged onto the system. The practice was going to consider this following our inspection.

How the practice supports carers	<ul style="list-style-type: none"> • The practice offered double appointments and influenza vaccinations. • There was access to local carers groups.
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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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw that the waiting area was separate to the reception desk. • We asked six patients on the day of inspection if their privacy and dignity was respected by medical staff. All six patients said yes. 	

Responsive

Rating: Good

The practice was rated as good for responsive services because:

- Services met the needs of individual patients.
- The practice was working with a local practice following a merger, to improve the way services could be delivered.

Responding to and meeting people’s needs

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

	Y/N/Partial
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
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The provider was intending to update the décor in the practice however, this was postponed due to a roof and boiler being replaced. We saw evidence of a quote to decorate the practice rooms and plans were in place to complete this work.• The front door was not automated. As a result, a bell was placed on the door, to alert a staff member that someone required assistance to access the building.• All services were delivered on the ground floor.• The practice was proactive in completing home visits and worked closely with community teams to ensure joined up care.	

Practice Opening Times	
Day	Time
Appointments available:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am - 8.30pm
Friday	8am – 6pm
Out of hours care is provided by HART urgent care.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11774	231	116	50.2%	0.99%

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)	91.0%	95.5%	94.8%	Comparable with other practices

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Local nursing and residential homes which had a majority of patients registered with the practice were visited every fortnight for routine patient's reviews, and in their birth month they received an annual review of their care. The practice team worked closely with district nurses and local community teams to care for patients in their own home and reduce hospital admissions.

Population groups - People with long-term conditions**Population group rating: Good****Findings**

- The lead nurse utilised telephone and email consultations for patients with asthma, as well as a face -to-face appointment to ensure those patients whose condition was deteriorating received a care plan and support, reducing the need for a hospital admission.

Population groups – Families, children and young people**Population group rating: Good****Findings**

- The practice worked closely with the health visiting team to ensure children of the travelling community were vaccinated when they were local to the practice.
- Every effort was made to accommodate children on the same day and in a convenient manner around school times.

Population groups – Working age people (including those recently retired and students)**Population group rating: Good****Findings**

- Additional telephone appointments have been made available to ensure availability for those unable to attend in person.
- There was home blood pressure monitoring available. In addition to open access, blood pressure machine, scales and height measure in the waiting area.
- The practice was open later on a Thursday evening through to 8pm to increase the opportunity of those unable to attend a daytime appointment, this included nurse and GP appointments.
- The HCA was available from 8am for blood tests and ECGs. An electrocardiogram (ECG) is a simple test that can be used to check your heart's rhythm and electrical activity.

People whose circumstances make them vulnerable**Population group rating: Good****Findings**

- Palliative patients had a separate phone number to call which bypassed the switchboard and ensured the patient, or carers, could always access services in hours. A dedicated administrator coordinated this and liaised with Macmillan nurses and the patient's named GP to organise care as appropriate. A second GP was also named on the record for each palliative patient in case the first was unavailable.
- Any patient coded as vulnerable had their discharge summary reviewed within 72 hours by a nurse practitioner who could put follow-up care in place if required.
- The practice worked with local food banks and were able to issue vouchers to patients, allowing emergency food packs out of hours.

- There was a private room adjacent to the reception which patients could utilise if they wanted to discuss things in private or wished for a quieter wait for their appointment.

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

Population group rating: Good

Findings

- The practice offered same day and ad hoc appointments for patients experiencing poor mental health as they often had a sudden onset of their illness and the practice provided a place of safety.
- We saw there were care plans for all patients with dementia and the practice had become a 'dementia friendly' practice to improve the environment.

Timely access to the service

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	57.2%	75.1%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	52.1%	73.9%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	39.5%	69.2%	65.9%	Variation (negative)
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)	79.8%	79.6%	74.4%	Comparable with other practices

Any additional evidence or comments

- The practice continually reviewed the availability of appointments and the recent merger had helped to address some shortfalls in capacity, particularly by the provision of additional nurse practitioner appointments.
- A new phone system was implemented in June 2018 which increased the number of staff able to answer the phone. The 'St Neots hub' plan to share a telephone and appointment systems to improve access for patients.

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There were several positive comments which overall reflected the feedback received during the inspection. There was one comment which points to the telephone system as being the cause of frustration, with long waiting times to get through to reception and book an appointment.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	Yes
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
<ul style="list-style-type: none">• All formal complaints were logged and investigated.• Complaints were managed locally but could be escalated to the provider team if appropriate or the complainant requested a further review.• The practice had listened to complaints from patients regarding difficulty getting through to the practice by phone to make an appointment. In response to this the practice had added some appointments and changed the phone system so more staff could answer the incoming calls. There was further work as part of the merger being undertaken to review how appointments were made and increase the uptake of online appointment bookings.	

Well-led

Rating: Requires Improvement

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	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
<ul style="list-style-type: none">• We saw informal meetings took place to review the demand and care required each day and these were supplemented by a range of formal clinical and management meetings on a regular basis.• Staff told us they felt part of a well led team and we saw they worked to ensure continuity and quality of care during staff absence and leave.• Becoming part of the 'St Neots hub' had allowed additional clinicians to work at the practice, and plans were in place to ensure care was managed across the two sites.	

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.	No
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
<ul style="list-style-type: none">• The provider, Lakeside had created the vision and values for the group prior to this practice becoming part of the company. There were plans in the future to revisit the values and ensure they were relevant.	

Culture

The practice had a culture which drove high quality sustainable care. There were high levels of satisfaction across all staff.

	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
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider was able to support the practice in areas such as human resources and we were told this was a significant advantage when managing staff and ensuring appropriate outcomes and support were available. 	

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

Source	Feedback
Staff Interviews	<ul style="list-style-type: none"> Staff told us there was always support available from colleagues and the GPs and manager where always approachable. Staff told us we felt part of a close team and were supported to develop their skills.

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.	No
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: <ul style="list-style-type: none"> We found there was not always effective managerial oversight which allowed risks and shortfalls to develop. For example: 	

- NICE guidance was not embedded practice for all clinicians
- The coding of carers was not effective and meant not all carers were identified and supported.
- Staff training and appraisals were not always completed within the required timeframe.
- There were roles assigned to administrative and nursing staff such as palliative care, and immunisation etc.
- HCA's had their own clinical role of responsibilities such as INR clinics
- Daily informal meetings helped staff ensure they were aware of changes and ensure the on-call GP was able to assist with house calls and appointments to meet demand.

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

Appropriate and accurate information

There were consistently high levels of constructive engagement with staff and people who use services.

	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 include making statutory notifications understand what this entails.	Yes

Engagement with patients, the public, staff and external partners

There were consistently high levels of constructive engagement with staff and people who use services.

	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 provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had used feedback from the Friends and Family feedback where a need was identified to increase the number of appointments. As a result, the practice now delivered eight appointments through lunchtime and provided an extended hours session every Thursday.	

Feedback from Patient Participation Group (PPG)

Feedback
<ul style="list-style-type: none">The practice had a list of patients who provided support and feedback when required. However, there was no formal meeting and the support was minimal. As a result, when the merger was formalised with the other practice, the PPG would work in collaboration.

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: <ul style="list-style-type: none">• More staff events were planned as part of the merger to ensure changes were communicated and changes were made as part of a team.• This included the way pathways and the amalgamation of policies and procedures were selected and reviewed by managers and distributed to staff.• As a result of the new General Data Protection Regulation (GDPR) an audit was completed of all information left in rooms and training put in place. A message was placed in each room to remind staff to be careful what information is left in the rooms.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).