

# Care Quality Commission

## Inspection Evidence Table

### Dr C A Spooner & Partners (1-593892561)

Inspection date: 31 January 2019

Date of data download: 30 December 2018

## Overall rating: Good

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

## 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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y
Explanation of any answers and additional evidence: The practice had produced a two-page easy read safeguarding children procedure summary to compliment the overarching practice policy. This provided information on key contacts for information	

Safeguarding	Y/N/Partial
and advice, and included a list of potential concerns with a summary of what action should be taken for each scenario.	
A safeguarding register was in place for children and vulnerable adults.	
Regular safeguarding meetings were held on site to review any individuals who could be at risk of harm. In addition, the child safeguarding lead GP met with the local named doctor annually to discuss safeguarding at a more strategic level, and review any complex cases.	
The practice had identified that they were not receiving reports from the Multi-Agency Risk Assessment Conference (MARAC) meetings and had been proactive in raising this with the named doctor, to ensure they were updated on relevant cases.	
There was a focus on domestic abuse and a GP was an identified lead for this. The practice supported a local women's' refuge. There were plans to develop a domestic abuse policy for staff.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence:	
The practice was able to produce evidence of staff vaccinations. They were aware of some gaps but had already instigated a process to ensure staff provided the full documentation as evidence, and this was ongoing at the time of our inspection.	

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: 03.07.2018	Y
There was a record of equipment calibration. Date of last calibration: 03.07.2018	Y
Risk assessments were in place for any storage of hazardous substances for example, storage of chemicals, and the oxygen cylinder.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: 23.11.2018	Y
There was a log of fire drills. Date of last drill: 30.10.2018	Y
There was a record of fire alarm checks. Date of last check: 31.02.2019 (undertaken weekly)	Y

There was a record of fire training for staff. Date of last training: Staff had done this training on various dates via the online training programme used by the practice. Staff training was mostly up to date, with a few exceptions but we saw that update training was booked in the next month for these individuals. Fire training was part of the practice's mandatory training schedule.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: 15.03.2018	Y
Actions from fire risk assessment were identified and completed.	N/A
Explanation of any answers and additional evidence: There was a fire notice rather than a procedure. This was one sheet of paper which clearly explained actions to be taken in the event of a fire. We discussed that a written fire procedure would be useful to include reference to training requirements and fire drills, and the maintenance of fire equipment. There were no actions identified at the previous fire risk assessment.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: This was an ongoing process but it had not been formally documented from a premises perspective. However, when issues were identified, they were reported to the contractor for site maintenance and a log of these was recorded including the date they had been completed.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: We saw examples of risk assessments for individual staff members, for example, pregnant workers. There were no specific staff-related risk assessments including manual handling or the use of visual display equipment but the practice had obtained some information to help instigate this. Following the inspection, the practice provided some additional information on risk assessments that had been completed.	Y
Explanation of any answers and additional evidence: The building was managed by an external company, and the practice contracted a local health provider to manage the maintenance of the site. The practice was able to provide evidence of most site-related issues, but some documentation was held by the contractor (for example, the Legionella risk assessment, as the contractor did the required water-testing). The practice was advised to ensure they had access to all relevant key documents for the site to evidence their compliance.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	<b>Y/N/Partial</b>
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y

Date of last infection prevention and control audit: December 2018	
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: Some staff needed to complete their online training module on infection control. The practice informed us they were arranging a handwashing techniques session for staff later in the year.	

## 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.	Y
There was an effective induction system for new/temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis. Staff had received training on sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: The practice had an induction template for new staff. We saw this was not always completed and signed off by the employee and employer, although we were assured through interviews that staff received appropriate information and support and as new employees. The practice told us they would ensure that documentation was improved to reflect this in the future. We observed a basic induction template was available for locums working at the practice. The practice told us they would review this to ensure it captured all relevant information that new locums may need. We saw protocols for reception staff to identify acutely unwell patients which signposted them to appropriate action either via a 999 call, an urgent phone call with the duty GP, or a same-day appointment.	

## 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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.15	0.98	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)	8.8%	7.7%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to	Y

Medicines management	Y/N/Partial
authorised staff.	
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
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.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were 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.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	n/a
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Medicine stock and expiry date checks did not include doctors' bags. However, we found the bag contents were appropriate and in date, and we were told that each GPs took responsibility for their own bag. Following discussion, the practice told us they would incorporate these checks into the general medicines stock checks for consistency.</p> <p>Monitoring of controlled drugs was undertaken in conjunction with the CCG medicines management team.</p>	

Medicines management	Y/N/Partial
<p>The practice did not stock all recommended emergency medicines but had access to these from an adjoining pharmacy. A risk assessment had been documented to consider this, with a safe system identified to manage any presenting emergency situations.</p> <p>We saw evidence that a GP had recently taken prompt and effective action when it was discovered that equipment in the emergency kit was not being stored correctly. On the day of our inspection, we found all the equipment to be in order.</p> <p>We observed a well-managed procedure was in operation to monitor any uncollected prescriptions, and a safe process for handling requests for repeat medicines.</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	15
Number of events that required action:	15
Explanation of any answers and additional evidence: We saw that significant events were discussed at practice meetings. Minutes from these meetings clearly identified the learning arising from each incident.	

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

Event	Specific action taken
Needlestick injury	The practice protocol was followed. The clinician attended A&E for a blood test on the day of the incident, and the patient was informed and asked to attend the practice for a blood test. The practice liaised with occupational health and ensured everything was documented. All was found to be normal and the patient received feedback.
Address details were changed for a whole family, rather than just the one family member who made the request.	This was identified as a training issue and the practice amended their change of address form. An additional section was included on the form, so that the patient had to indicate if this change was just for themselves, or for their whole family.
An incoming document was misread as a death notification. The GP was sent a task to send a	Staff were informed of the importance of greater diligence when reading letters.



condolence card to bereaved relatives. The GP checked the patient record and discovered this was an error, and the communication was in relation to a review, and not a death.	
A letter was sent to a patient but it was delivered to the wrong address. The person who received the letter wrote on a different address which was then delivered and this was again the wrong person. This person returned the letter to the surgery who then sent it back to the address scribbled on the envelope. Thus, it was received by the wrong person again.	Learning was applied that staff must ring the patient in such cases to determine their correct address, and not to just re-send items.

<b>Safety alerts</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A log of alerts was maintained. The log did not include reference to the completion of any follow-up actions, but the practice adapted this on the day to ensure this was documented. There was clinical oversight of medicines alerts from a GP, and the pharmacist was involved in following up any patients who may be affected.</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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.62	0.73	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical template 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. At the time of our inspection, the practice had engaged in a local pilot scheme to reduce the risk of falls in elderly patients.
- The practice was proactive in reviewing prescribed medicines to reduce the risks associated with polypharmacy (the concurrent use of multiple medicines). This was facilitated by the practice-employed pharmacist. The practice had previously been identified as being generally a high prescriber within CCG data. The practice had acted to address this and this had resulted in a reduction in prescribing levels over the last 12 months.
- 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.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

## 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, clinicians worked with other health and care professionals to deliver a coordinated package of care.
- Levels of clinical exception reporting were mostly below local and national averages. This was particularly low for asthma and mental health patients, and demonstrated the practice's commitment to engage patients in the regular monitoring of their condition to keep them safe.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinicians had lead areas, for example, in diabetes.
- A diabetes specialist nurse attended the practice to support patients with more complex needs.
- 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. The practice had acquired an 'Alive-Cor' device to screen for atrial fibrillation and reduce the incidence of stroke.
- Results from the latest national GP patient survey showed that 88% of respondents at the practice said they had received enough support from local services or organisations in the last 12 months to manage their long-term condition(s). This was above the CCG and national averages of 83% and 79% respectively.

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>	77.4%	82.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	23.9% (234)	25.5%	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>	78.6%	81.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.2% (110)	13.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	79.3%	82.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.6% (163)	19.2%	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)	71.1%	76.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.4% (14)	10.3%	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)	92.1%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.5% (30)	16.3%	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)	82.0%	85.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.9% (79)	4.8%	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)	89.5%	91.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.9% (18)	6.7%	6.7%	N/A

**Findings**

- Childhood immunisation uptake rates all exceeded the World Health Organisation (WHO) targets.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice hosted regular safeguarding meetings including attendance from the health visitor, midwife, school nurse and lead GP to discuss and review any children of concern.
- Young people could access services for sexual health and contraception. A sexual health clinic was provided in the adjoining health centre.
- Staff understood the requirements for obtaining consent when dealing with younger patients.
- 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. We saw evidence of this in relation to patients prescribed sodium valproate.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	135	140	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	169	175	96.6%	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)	169	175	96.6%	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)	169	175	96.6%	Met 95% WHO based target (significant variation positive)

**Working age people (including**

## those recently retired and students)

Population group rating: Good

### Findings

- The practice had systems to inform students and young people over 18 to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. All new patients in this age group were offered this check. 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) (01/04/2017 to 31/03/2018) (Public Health England)	78.8%	78.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	76.3%	75.7%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	58.9%	63.0%	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)	75.3%	69.1%	70.3%	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)	36.6%	47.5%	51.9%	No statistical variation

## People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. There was a monthly end-of-life meeting held at the practice which was attended by the Macmillan nurse and district nursing team.
- The practice undertook an analysis of patient deaths who had received end of life care. This enabled any learning points to be identified to enhance future care delivery.
- A GP partner was a practice champion for domestic abuse, and had received training to support

this role. Care and support was offered to residents at a local women’s refuge.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Patients with a learning disability were encouraged to receive an annual review to ensure their health needs were being met. We saw that 66 of the 86 patients on the practice’s learning disability register (75%) had received an annual review in the last 12 months.
- The practice referred patients with alcohol and substance misuse problems to specialist support services.
- The practice provided a weekly service to assess and review patients residing in two local residential homes. Any urgent needs were picked up in-between scheduled visits.

**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, and access to ‘stop smoking’ services.
- Results from the latest national GP survey showed that 97% of patients felt the healthcare professional they saw recognised or understood any mental health needs during their last consultation (CCG average 91%; national average 87%).
- A GP partner had previous experience of psychiatry, and this brought additional expertise to the practice as the designated lead for mental health. This GP oversaw treatment of patients with suspected dementia prior to referral to the memory clinic.
- The practice worked with patients to engage them in accessing care and support, and only considered patient removals in extreme cases of challenging behaviour.
- 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. There were established links with local community mental health teams, and the hospital who would alert the surgery on the clinical system if a patient had attempted suicide. Suicides were reviewed as significant events to consider any learning points.
- 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.
- Care plans for patients with dementia were reviewed annually, together with an advanced care planning review. These were undertaken opportunistically throughout the year, and other patients who had not been seen in the last 12 months would be recalled for a review.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia,	94.2%	94.6%	89.5%	No statistical variation

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)				
Exception rate (number of exceptions).	6.2% (9)	13.6%	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)	89.1%	93.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.5% (8)	14.0%	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)	74.5%	84.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (3)	6.2%	6.6%	N/A

## Monitoring care and treatment

**The practice had a 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)	551.45	-	537.5
Overall QOF exception reporting (all domains)	6.3%	7.2%	5.8%

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

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

- An audit was undertaken in response to a MHRA alert which had identified that the combinations of two named medicines could lead to cardiac arrhythmias (irregular heartbeats). An initial audit identified 11 patients who were being co-prescribed these particular medicines. This led to a discussion with colleagues to review the medicines' regime of the patients who had been identified. A second-cycle audit was completed a year later, and this demonstrated a reduction to six patients being co-prescribed these medicines. Of the six, four were being monitored with no side-effects,



and two were overdue a medicines review. The two patients were then contacted for review, and strategies were agreed as to how to further improve this in the future. The full cycle audit demonstrated an improvement from a patient safety perspective, and greater compliance with standards.

- A two-cycle audit on lichen sclerosis (a condition affecting the skin) had been completed. Guidance states that patients with this condition should be examined at least annually to check for any signs of malignancy, and consider the use of a steroid cream. A sample of 50 patients were selected of 108 practice patients affected by the condition, although five patients were excluded as their diagnosis had been discounted following a review in secondary care. The first audit showed that only nine of the 45 patients had been reviewed in the previous 12 months. The repeat audit showed this had increased to 17. To improve this further, the steroid cream was removed from the patients' repeat prescriptions to prompt a GP review and examination.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses and pharmacists.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice provided evidence of training for their own specified mandatory training, and for training to support roles such as chaperoning. However, additional training modules were available to staff on their online training programme to enhance wider learning, and we only saw limited evidence that these were being completed by staff. The practice told us that they would review this and facilitate more extensive learning opportunities for the team. Following our inspection, the practice informed us that staff had already started to complete some of this training, and also told us they would ensure that an effective system would be implemented to evidence future training information.</p> <p>We saw many examples of how staff had been supported to develop their roles. For example, the</p>	

finance/IT manager had initially commenced work as an apprentice at the practice. A receptionist had undertaken training to work as a phlebotomist, and then progressed to a health care assistant role, and was planning to apply for nurse training. The nurse manager had commenced working at the practice as a receptionist and then undertook duties as a phlebotomist and health care assistant, and then supported to undertake a 'back to nursing' course to work as a practice nurse.

## 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)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented a daily meeting for GPs and nurse practitioners to discuss home visits, review referrals and discuss any issues arising from that morning's sessions, including significant events. The meeting had helped to reduce the rate of unnecessary referrals made by the practice.</p> <p>Regular meetings were held with the multi-disciplinary team to review the care of patients who were most vulnerable, or needed support to keep them well in their own homes.</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 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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not participate in any social prescribing.</p>	

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)	97.6%	95.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (13)	0.9%	0.8%	N/A

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Signed consent forms for minor surgery were scanned onto patient records.</p> <p>Clinicians demonstrated a good understanding of consent processes in relation to the Mental Capacity Act, and in terms of consultations with younger people.</p>	

# 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 individual needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	18
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	2

Source	Feedback
NHS website (NHS Choices)	Six comments had been posted on the website in the preceding 12 months. These were mixed but negative comments were largely related to the availability of appointments. Comments relating to the standards of care received were positive, apart from one comment related to the perceived attitude of a clinician during a consultation.
Patient comment cards	The majority of feedback received on the comment cards was very positive. Patients told us that they were listened to and treated with respect by staff. Some patients commented on the high standards of cleanliness at the practice. Many of these patients said they were highly satisfied with the service they had received, and referred to the good care provided by staff at all levels. The two negative comment cards related to staff attitude, the system of having to discuss only one concern at each appointment, and a concern relating to the outcome of a consultation.
Interviews with external care providers	Staff at care homes described the practice as being very caring towards their residents, and as respectful to staff working within the homes.
Observations	We saw how reception staff helped arrange a patient to attend an appointment at a different site, after they came to the practice by mistake. This was handled with sensitivity and respect, and enabled the patient to attend their allocated appointment at the right location.

## 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
15,269	252	101	40.1%	0.66%

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)	93.1%	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)	89.3%	91.8%	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)	100.0%	97.6%	95.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	84.8%	86.3%	83.8%	No statistical variation

### Any additional evidence or comments

The practice achieved a significant positive variation in 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. This view was reflected on comment cards completed by patients prior to our inspection.

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

## Any additional evidence

The practice was able to provide several examples of how they responded to patient feedback, for example:

- The practice provided appointments from 7am, and some patients were attending the surgery from 7am to make an appointment for that day. A patient suggested that this was unfair to patients who could not get to the surgery at that time, but had to wait until 8am to ring. The practice decided that they would ask any patients coming down to the surgery before 8am to get an appointment to sit and wait until the phone lines opened, therefore making it fair for all.
- During a test, a patient fainted and sustained an injury, which was recorded as a significant event. The patient gave feedback to suggest that the nurse could sit in front of patients whilst they were doing this test so that the nurse could prevent a fall, and this was implemented.
- Suggestion by a patient to open the windows in the waiting room during the summer. All windows were then opened first thing in the morning by a staff member.
- Patient feedback was considered when the team discussed changes to the appointment system in June 2017. The phone lines were busy in the mornings, and patients could not get through in a timely manner. All appropriate members of staff working at 8am then answered calls until 9am, when the reception team took over. This provided additional capacity for answering calls at the busiest time.
- Patients said that the cancellation of appointments should be made easier. The practice implemented a facility for patients to leave a message that they wish to cancel their appointment. A member of staff listens to the messages and cancels the appointment before 8am, and throughout the day.

## 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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence:	

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
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Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	99.0%	96.0%	93.5%	Variation (positive)

### Any additional evidence or comments

The practice achieved a positive variation in 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. This was reflected in the comment cards we received. They stated they had received an explanation about their condition, their prescribed medicines, and the treatment options available to them.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
A folder of laminated easy-read information was available in a folder on the reception desk aimed at encouraging those with any specific individual requirements to inform staff so that these could be accommodated. This contributed to how the practice ensured they met the needs of the accessible information standard.	
Alerts were used on the computer to identify any individual patient needs.	
The practice informed us how patient information had been translated into braille, and signing services had been accessed to help those with a hearing impairment. A hearing loop was available on each floor. A deaf and hearing support service was located within the practice.	

Carers	Narrative
Percentage and number of carers identified.	There were 58 carers on the practice carers register, which equated to 0.4% of those registered. This was lower than our expectation that the carers register includes a minimum of 1% of registered patients.
How the practice supported carers.	Carers were signposted to appropriate support services. They were sent reminders to receive their annual flu vaccination. The practice did have a nominated carers' lead but they had recently left and no one had been appointed to take over this role at the time of our inspection.
How the practice supported recently bereaved patients.	Bereaved families were sent a sympathy card. They were encouraged to book a consultation to see a clinician if they felt they needed additional



support.
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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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: The back office had been moved from its location behind reception into a room on the first floor to help with confidentiality.	

## 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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was co-located in premises that hosted a number of community services such as the salaried community dental service, podiatry, eye clinic, sexual health and physiotherapy. An independent pharmacy was situated next to the practice with direct access between the two. This helped patients to access services at one location, and these were available to all local residents. It also provided benefits for practice patients, for example, when a patient with a progressive neurological condition required dental support, the practice was able to access appropriate support on the day from the community dental service.</p> <p>The district nursing team had a base within the practice which aided communication between them and the practice.</p> <p>A physiotherapy service was also hosted within the practice which was for the practice's own registered patients. This service could be accessed through self-referral or via a GP referral.</p>	

Practice Opening Times	
Day	Time
<b>Reception opening times:</b>	
Monday	7am - 6.30pm
Tuesday	7am - 6.30pm
Wednesday	7am - 6.30pm
Thursday	7am - 6.30pm
Friday	7am - 6.30pm
<b>GP Appointments available:</b>	

GP appointments were available from 7am. Appointments were available in an evening until 17.40pm, although this varied depending on which GP was on duty each day. Urgent cases would be seen until the practice closed.

Pre-booked appointments were available from 7am each weekday morning.

\*The practice reception does not open for telephone calls until 8am.

The practice closes on one afternoon each month for staff training.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,269	252	101	40.1%	0.66%

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)	98.3%	96.1%	94.8%	No statistical variation

## Any additional evidence or comments

## 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.
- We spoke with representatives from two local care homes where the practice had registered patients. A nurse practitioner or GP would visit weekly and undertake a 'ward round' for those patients needing to be seen, or requiring a review of their condition. Any urgent cases needing to be seen between scheduled visits, would be seen as a home visit on the day. Both homes told us that they were very happy with the service provided to their residents. We were told that visiting practice staff had established a good rapport with residents and that they were responsive to their needs.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment whenever possible.

- 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.
- A diabetes prevention group and an angina management group were held on site. These could be accessed by all patients, and not just those registered at the practice. The practice pro-actively screened patients at risk of developing diabetes, and had referred 135 patients to the diabetes prevention group in the previous year.
- Home visits would be undertaken if necessary to try and engage patients in a treatment programme. The practice was able to provide examples of this.
- A Parkinson's Disease specialist nurse attended the practice to support patients and their families.

## Families, children and young people

Population group rating: Good

### Findings

- GP and nurse appointments were available from 7am which could be used by school age children so that they did not need to miss school.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A community midwife held a clinic on site. The health visitor would sometimes see patients at the practice if they could not travel to sites where clinics were held routinely.

## 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 for pre-booked appointments from 7am from Monday to Friday. Pre-bookable appointments were also available from 6pm–8pm on weekdays to patients at an additional location within the area, as the practice was a member of the local GP federation's extended access hub. Appointments were also available on Saturday and Sunday mornings under this scheme.
- Telephone consultations were available each day.

## People whose circumstances make them vulnerable

## Population group rating: Good

### Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients. For example, 'easy read' invitation letters were available for appropriate patients with a learning disability who were being asked to attend an annual review.
- The practice was able to provide examples of how they had provided care and support to vulnerable individuals.
- The Citizens Advice Bureau attended the practice each week to offer support to patients such as how to claim for benefits they were eligible to receive, and housing related issues.

## 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.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Patients could self-refer to local talking therapies and services for mental health. If a patient specifically asked to be seen at the practice, a room would be made available to facilitate this.
- The dementia rapid response team commissioned by the CCG had recently been extended to cover patients in the practice's area. The practice had invited them to meet their team and see how they could work together effectively.
- Training was being arranged for autism awareness and perinatal mental health.

## 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely	Y

necessary.

Explanation of any answers and additional evidence:

There was some capacity each day for urgent consultations, and there was a protocol which enabled reception staff to highlight any priority cases. A duty doctor was available for each clinical session.

Home visits were usually undertaken by the doctor or nurse practitioner who knew the patient best. Visit requests were reviewed by the GPs and nurse practitioners at their daily meeting.

Patients had the availability of extended access each day via a local Hub scheme. Patients could attend a pre-booked appointment at a nearby practice to be seen between 6-8pm on weekdays, and Saturday and Sunday mornings. The practice was allocated a certain number of appointments on this scheme each day, and if these were not taken by 4.30pm each weekday, they were made available to other practices participating in the scheme.

The practice did not offer the availability of booking a double appointment, unless a GP specifically requested this for the patient, or if the patient attended with an interpreter. We saw there was some negative feedback from patients about having to book separate appointments to discuss more than one issue, but the practice told us that they had no plans to introduce double-appointment slots.

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)	67.7%	-	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)	63.0%	71.0%	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)	69.9%	69.3%	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)	71.9%	76.7%	74.4%	No statistical variation

**Any additional evidence or comments**

Indicators relating to access to appointments were generally slightly below local and national averages. The practice was aware of this and had taken steps to improve, for example, increased call handling capacity between 8am-9am each morning.

Source	Feedback
NHS website (previously NHS Choices)	There was mixed feedback in the six comments posted within the previous 12 months. The negative comments were mostly related to the availability of appointments, continuity of care, and the expectation that only one problem could be discussed at each consultation. In all cases, the practice provided a response

	and an explanation to the patient, and where appropriate invited the patient to contact them to discuss their own issue individually.
Patient comment cards	Feedback received on comment cards were positive with regard to obtaining an appointment. Two patients commented that they had observed improvements in the last year.

## 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.	25
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

### Example of learning from complaints.

Complaint	Specific action taken
The practice had received feedback from the Ombudsman in relation to a complaint.	The practice accepted this feedback and acted to improve systems to ensure things worked better in the future. A thorough action plan was developed to respond to the Ombudsman's findings. This included a training session for clinical staff on patients presenting with the condition identified within the complaint. In addition, the practice developed their own template to use for patients presenting with delirium. This ensured that a full assessment was undertaken and documented, with any follow up actions being completed.



## Well-led

Rating: Good

### 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that succession planning arrangements were being developed. This included a salaried GP working towards joining the partnership, a practice nurse working towards a nurse practitioner role, and planning ahead for the practice management role.</p> <p>The practice used skill mix arrangements to help with capacity, for example, nurse practitioner roles and a practice pharmacist.</p> <p>Clinicians had identified lead roles to act as a point of reference and expertise, for example, mental health, domestic abuse, and prescribing.</p> <p>The practice had engaged with their local GP federation (collaborative) and we saw evidence of work to benefit practices via a joined-up approach with associated economies of scale. For example, a summarising project had helped practices with note summarising backlogs; and another project had been undertaken to ensure effective prescribing. The collaborative also opened opportunities to participate in pilot schemes to enhance care and services locally. This was ongoing at the time of our inspection and included plans to develop a dedicated service for house-bound patients with acute or long-term conditions.</p> <p>GPs attended CCG meetings and events, and the practice manager participated in local practice management networks.</p>	

### Vision and strategy

**The practice had a clear vision and strategy to provide quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a set of written aims and objectives, which reflected their values.</p>	

Partners meetings were held weekly. This incorporated a strategic element in looking at future planning arrangements. Managers and partners were able to articulate their vision.

## 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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: <p>The practice would refer patients for occupational health basis on an individual basis if necessary. For example, a member of staff had been referred with a particular health problem and this resulted in the practice purchasing equipment for them, in accordance with the advice received from occupational health.</p> <p>The practice supported staff to cycle to work and provided showers for them.</p> <p>A human resource advisory service was available on an individual basis. The local GP collaborative was looking into options for a centralised human resource support service for their member practices.</p>	

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

Source	Feedback
Staff interviews	All the staff we spoke with informed us that they enjoyed working at the practice. They felt that they were valued and that managers and partners encouraged feedback and responded to this.

## 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

There were a range of practice policies that were accessible to staff on the practice's shared drive, and these were regularly reviewed and updated.  
 There was no intranet available but the practice was in discussion about introducing this to facilitate better sharing of information across the practice team.  
 There was a network of meetings held on site, and these were minuted.

### 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.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: Partners and managers had set up a group on mobile phones to share information outside of work to aid rapid communication and help planning, for example, if someone was going to be off work the next day unexpectedly.	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

## 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	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patient feedback was also promoted via the use of a suggestion box. Any suggestions or comments were discussed with the PPG.</p> <p>Staff meetings were held monthly. Staff told us they were encouraged to discuss any concerns and they told us that any issues were considered and responded to.</p>	

Feedback from Patient Participation Group (PPG).

Feedback
<p>We spoke with the chair of the practice's PPG. They told us they met practice representatives on a quarterly basis. A designated GP and the practice manager or their assistant would attend these meetings. On average 12 members would usually attend the meetings.</p> <p>The chair informed us that the PPG felt valued by the practice and said that their views were listened and responded to. The PPG had been involved in patient surveys and had undertaken interviews with patients to determine their satisfaction with the appointment system. This resulted in changes and these had been recognised by patients as an improvement.</p> <p>The PPG had arranged for speakers to attend meetings to find out how patients could receive additional support. For example, we saw that the last minutes included a range of services available through the council to promote healthy lifestyles. The minutes were displayed on a dedicated PPG noticeboard so that patients had easy access to this information.</p> <p>The relationship between the practice and the PPG was described as positive and productive.</p>

## 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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

## Examples of continuous learning and improvement

The practice worked with their GP collaboration on measures to benefit practices from economies of scale, and to provide quality and equitable services for local patients. Schemes on notes summarising and prescribing had been completed. New schemes for home visiting and falls management were in development at the time of our inspection.

The practice had changed their computer system in the last year. This helped to share information more easily with other services who already used this system. This included the extended access hub, meaning that patient information was available when they were seen as part of this service, to ensure safe consultations. It also aided access to test results. There were plans to develop things further to reduce administrative time.

During the presentation from the practice at the beginning of our inspection, reference was made to several areas they had identified for review, for example opioid prescribing.

### 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.