

Care Quality Commission

Inspection Evidence Table

The Northholme Practice (1-538666519)

Inspection date: 9 January 2019

Date of data download: 12 December 2018

Overall rating: Good

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

Safe

Rating: Requires Improvement

We rated the practice as requires improvement for providing safe services because disclosure and barring service checks had not always been carried out when appropriate, and risk assessments to support this decision had not been completed. In addition, actions following on from premises risk assessments were not completed. In addition, some areas in relation to infection prevention and control were outstanding, and systems for logging and tracking blank prescriptions were not in place.

Safety systems and processes

The practice had some 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 took account of patients accessing any online services.	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

Safeguarding	Y/N/Partial
There was appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Partial
There was a risk register of specific patients.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	N
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
<p>Explanation of any answers and additional evidence:</p> <p>Patient codes were used to identify patients with additional needs. However, we saw that this was not consistently applied. For example, patients with frequent hospital attendances were not coded for easy identification. Systems to identify vulnerable adults were not always applied.</p> <p>We saw that non-clinical staff had been trained to act as chaperones; however, disclosure and barring service (DBS) checks had not been undertaken, and risk assessments to mitigate this decision were also not in place. Following receipt of the draft report, the practice told us these had been arranged, for completion by 28 February 2019.</p>	

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.	N
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
<p>Explanation of any answers and additional evidence:</p> <p>Staff did not receive health screening upon appointment. Staff vaccination status was not reviewed in line with Department of Health (DOH) guidelines. The practice told us they would review their approach in this regard in the future. Following receipt of the draft report the practice told us this had been included in the check list for new starters, with an option for staff to opt out if they so wished.</p>	

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:	Y November 2018
There was a record of equipment calibration. Date of last calibration:	Y May 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y September 2018
There was a log of fire drills. Date of last drill:	Y 8 January 2019
There was a record of fire alarm checks. Date of last check:	Y 4 January 2019
There was a record of fire training for staff. Date of last training:	Y Various, ongoing
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y July 2016
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Legionella testing and monitoring was carried out by an external company who was also responsible for the cleaning. Staff had access to online training. The practice manager told us there were plans in place to assign training modules to staff on a monthly basis to ensure compliance with statutory and mandatory training.</p> <p>We saw that a fire risk assessment had been completed. However, at the time of our inspection, we did not see evidence that actions arising from this assessment had not been completed. The practice later provided evidence which showed that actions from the fire risk assessment had been completed. They had also scheduled plans for review of this assessment on a two-yearly basis.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y June 2016
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y Dec 2018

Explanation of any answers and additional evidence:

We saw that blind cord loops were not secured in all cases in line with General Products Safety Regulations (2005), to reduce the risk of strangulation. Following receipt of the draft report, the practice told us they can made arrangements with their cleaning contractor to carry out the necessary work, and was due to be completed by the end of February 2019.

A premises risk assessment had been completed. However, we did not see evidence that actions identified had been completed at the time of our visit.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met in most cases.

	Y/N/Partial
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:	Y December 2018
The practice had acted on any issues identified in infection prevention and control audits.	N
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>An infection prevention and control audit had identified that disposable curtains needed to be changed on a six-monthly basis. This had not been completed at the time of our visit. During our visit we noted that foot operated pedal bins were not in place for non-clinical waste. We also found that not all sharps bins were dated and signed. Following receipt of the draft report, the practice confirmed that disposable privacy curtains had been replaced on 14 January 2019. They also told us that reminders had been issued to staff to date and sign sharps bins, and foot operated pedal bins had been ordered and were due for delivery on 8 February 2019.</p>	

Risks to patients

There were systems in place 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 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.	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	Y

in line with National Institute for Health and Care Excellence (NICE) guidance.	
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Complex patients were discussed at regular clinical meetings, where learning was shared and plans put in place to address identified issues.</p> <p>Sepsis awareness had been discussed at a recent staff meeting, ensuring staff at all levels had an understanding of the condition and how to act when sepsis was suspected.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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
<p>Explanation of any answers and additional evidence:</p> <p>GPs operated a 'buddy' system to deal with test results. These were handled in a timely way.</p> <p>There were systems in place to maintain timely summarising of patient notes.</p> <p>We saw that in some cases a large number of tasks pertaining to non-urgent test results had not been actioned. The practice told us they would discuss internal working practices to address this. Following receipt of the draft report the practice told us this issue had been discussed at a recent practice meeting, and the number of tasks had been reduced to 21 tasks as of 4 February 2019.</p>	

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)	1.00	1.09	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)	7.5%	6.5%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	N
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	N/A

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
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>The practice participated in the local 'Gainshare' scheme, which aimed to reduce overall prescribing costs, with savings being used to benefit the area and individual practices.</p> <p>Clear protocols were in place in relation to management of high risk medicines prescribing. The practice commissioned support from a local pharmacist resource company, who oversaw repeat prescribing within clear protocols and with access to GP support if needed.</p> <p>We saw that systems for logging blank prescriptions were not clearly established. Following receipt of the draft report the practice described systems which had been reintroduced to log and track blank prescriptions, in order to reduce the risk of misuse of blank prescriptions.</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:	21
Number of events that required action:	21
<p>Explanation of any answers and additional evidence:</p> <p>We saw notes from meetings where significant events were a standing agenda item. Action logs ensured that required actions were carried out. These were reviewed at the following meeting. Relevant information was shared with all staff via their line managers.</p>	

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

Event	Specific action taken
Baby immunisation was administered one day ahead of schedule	Parents were advised of error, and apology offered. The vaccination and immunisation team was contacted. No harm was caused by the error. As a result, the practice amended nurse schedules to ensure that dedicated baby immunisation clinics were held, to reduce the pressure on nursing staff and help reduce the risk of error.
Patient received duplicate pain relief medicine which resulted in unintentional over-medication.	An audit was undertaken on patients being prescribed the two types of associated medicines, to ensure that prescribing was within safe guidelines. The information was shared with all prescribing clinicians and practice pharmacists.

Safety alerts	Y/N/Partial
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>Alerts were received by the practice administrator who distributed the information to relevant staff, and consulted with GPs on any action required. Where patient searches were needed, these were carried out by the clinical information manager or IT manager and action logs created to ensure patients were identified and any necessary action completed. Staff provided recent examples to</p>	

demonstrate this process.

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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Clinicians had been given lead areas in relation to clinical practice. It was the responsibility of the relevant lead for each area to update all staff on any changes to protocols or guidelines. We saw there was no overall lead for dissemination of National Institute for Health and Care Excellence (NICE) and other clinical updates, and no formal process for doing so. The practice told us they would review their approach in this regard. Following receipt of the draft report, the practice told us that NICE and other clinical updates had been made a standing agenda item on the weekly practice meetings, and clinicians and the practice administrator had been advised to sign up for updates.</p>	

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)	0.47	0.76	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice provided individualised care packages for older people. An annual review was offered, which took a holistic approach to address emotional, social, medicines and health needs All patients over 75 years had a named accountable GP. Before the practice we sought feedback from a residential home for older people. They told us the needs of their residents were met in a timely and compassionate

manner.

Findings

- Patients with long-term conditions had a structured annual or bi-annual check to review their health and medicines needs. The practice liaised with the district nursing team for patients with more complex needs.
- The practice offered level three diabetic clinics for the management of patients with diabetes, on injectable treatment therapies which were stable.
- There were arrangements in place for adults with newly diagnosed cardiovascular disease, including statins for secondary prevention. Ambulatory, 24 hour blood pressure monitoring was available.
- The practice hosted abdominal aortic aneurism (AAA) screening clinics on a monthly basis.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	80.3%	76.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.6% (62)	8.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	77.3%	75.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.4% (35)	7.2%	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)	77.2%	77.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.3% (73)	11.8%	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)	70.0%	74.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (9)	5.5%	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)	77.4%	85.6%	89.7%	Variation (negative)
Exception rate (number of exceptions).	3.6% (8)	9.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	84.7%	83.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.0% (46)	3.1%	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)	91.9%	88.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (11)	6.0%	6.7%	N/A

Any additional evidence or comments

We explored the low outcomes for some aspects of COPD reporting. The practice told us this was attributed to a reduction in nursing staff hours during 2017.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were higher than the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice liaised with the health visiting team to discuss children and families with additional needs.
- The practice provided contraceptive and sexual health advice to patients aged under 18 years.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	136	138	98.6%	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)	145	149	97.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	143	149	96.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	143	149	96.0%	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 achieved higher than local and national average uptake in relation to cervical screening.
- There were systems in place to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. We saw that 3,970 patients (26% of the practice population) had registered for this service.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	84.2%	77.5%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.0%	67.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	69.6%	59.1%	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)	76.8%	69.5%	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)	45.8%	50.4%	51.6%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way in line with relevant community services, which took into account individual needs and preferences when planning care.
- The practice told us there were no barriers to patients wishing to register at the practice, including travellers and asylum seekers.
- Patients with learning disabilities were offered an annual health and medicines review.
- Before the inspection, we sought feedback from a residential facility for adult females with a learning disability. They told us they were happy with the service provided by the practice.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Annual health checks were offered to patients with severe and enduring mental health problems. Staff were able to signpost patients to additional support as required, for example to in-house smoking cessation services.
- Annual dementia reviews were carried out. The practice made use of a recognised tool to assess for onset of dementia symptoms, and made referrals to relevant services as appropriate.
- 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 access to mental health crisis services to help address urgent need.
- Patients were able to self-refer to local support services, such as 'Insight' for support with psychological difficulties.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	80.0%	88.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.8% (2)	12.9%	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)	83.3%	88.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	11.9%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.1%	80.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.1% (6)	6.7%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	546	Data unavailable	538
Overall QOF exception reporting (all domains)	3.2%	4.7%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a 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

- A review was undertaken in relation to patients who had contraceptive implants fitted. Following the review, a new consent form was developed, to ensure more complete information was obtained before the implant was fitted; for example, in relation to date of last menstrual period, and date of last sexual intercourse.

Any additional evidence or comments

The practice was participating in a local 'Gainshare' scheme, which sought to benchmark prescribing costs across the district, with a view to reducing overall prescribing costs without detriment to patients. Savings were then to be shared by participating practices.

Effective staffing

Practice systems were not in place in all cases 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.	Partial
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.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was an appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that although clinical staff received regular appraisals, non-clinical staff appraisals had not been carried out. The practice told us they had plans in place to formalise a documented appraisal process for all staff. Following receipt of the draft report, the practice told us that a process for formalising appraisal documentation had been discussed at a recent managers meeting, and that a plan had been agreed to roll out an implementation process to ensure all staff received an appropriate appraisal.</p>	

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 coordinated, person-centred care when they moved between services.	Y

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>In-house smoking cessation advice was offered by the health care assistants. Staff were able to offer initial advice for weight management or refer to national commercial weight management services if patients' body mass index (BMI) was in line with referral criteria and pathways.</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)	96.0%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (28)	0.6%	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
Explanation of any answers and additional evidence: We saw examples of consent forms which were used for procedures such as ear irrigation procedures. Staff told us that written consent was always obtained for any procedure, supplemented by recording of consent on the clinical system. Staff were able to describe specific considerations to be taken into account when patients lacked capacity, or were under 18 years of age.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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: The majority of the patient population were of white British origin. A small number of patients were of differing ethnicity or religion. Staff demonstrated a willingness to provide personalised care to all patients.	

CQC comments cards	
Total comments cards received.	8
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
NHS Choices	I have always been treated like I am important to them.
Comment card	I have been treated with the greatest of care and consideration by staff.
Comment card	Marvellous staff, sometimes hard to park.

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
15028	241	129	53.5%	0.86%

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)	94.7%	91.4%	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)	93.6%	90.6%	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%	96.6%	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)	93.4%	88.1%	83.8%	No statistical variation



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

Any additional evidence
The practice undertook monthly Friends and Family Test feedback analysis. We saw that changes were made, when possible, in response to feedback from this source.

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: Staff described examples where individual circumstances and requirements were taken into account when delivering care.	

Source	Feedback
Interviews with patients.	(1) Staff are professional. (2) Love being a patient here. (3) Staff always do their best.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.9%	94.1%	93.5%	No statistical variation



	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 easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The number of non-English speaking patients was low, however the practice had access to telephone interpreting services when required.</p> <p>One member of staff was able to use British Sign Language (BSL) for hearing impaired patients. A hearing loop was in place to assist those patients with hearing difficulties.</p> <p>Staff were able to print patient information leaflets in larger font for patients with visual impairment.</p>	

Carers	Narrative
Percentage and number of carers identified.	173 people were identified as carers (2% of practice population).
How the practice supported carers.	Health checks were offered on an 'ad hoc' basis. Annual seasonal flu vaccinations were also offered. Staff were aware of local support groups to provide further support when required.
How the practice supported recently bereaved patients.	Need was assessed on an individual basis, and contact was made, or liaison was carried out with relevant community services. Additional support or information was provided according to need.

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
<p>Explanation of any answers and additional evidence:</p> <p>A private room for patients requiring privacy or who were distressed was available in the pharmacy adjacent to the practice at one of the sites, and a room was available in the practice at the other site.</p> <p>Confidentiality at the reception desk was managed by use of ambient music playing in reception. In</p>	

addition, a sign was placed near the desk requesting patients to stand back to aid privacy for the person in front.

Reception desks were not routinely manned. Instead, patients were able to summon staff by use of a bell on the desk. Self check-in screens were in place at both sites.

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
Explanation of any answers and additional evidence: Patients were seen in their own home if they were too unwell or frail to attend the practice in person. Same day appointments were offered to children where parents had concerns. Accommodation was made whether or not appointments were available.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7am to 6.30pm at main site. 7.30am to 6pm at branch surgery
Tuesday	7.15am to 6.30pm at main site. 7am to 6pm at branch surgery
Wednesday	7.15am to 6.30pm at main site. 7am to 6pm at branch surgery
Thursday	7.15am to 6.30pm at main site. 7.30am to 6pm at branch surgery
Friday	7am to 6.30pm at main site branch surgery
	Phone lines were open until 6.30pm for patients calling with urgent needs Monday to Friday.
Appointments available:	
Monday	7am to 11am; 2pm to 6pm
Tuesday	7am to 11am; 2pm to 6pm
Wednesday	7am to 11am; 2pm to 6pm
Thursday	7am to 11am; 2pm to 6pm
Friday	7am to 11am; 2pm to 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15028	241	129	53.5%	0.86%

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)	97.5%	94.9%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- Appointment times for older people were offered at times to avoid busier, peak times, such as early morning or evening when possible.
- Support was offered to older people whether they lived in their own home, or another type of setting.
- We received feedback from a residential home for older people. They told us their residents' needs were met in a timely and considerate manner.

People with long-term conditions

Population group rating: Good

Findings

- Review appointments for patients with long-term conditions were arranged at times convenient to patients. Patients could opt to attend either of the practice sites.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice provided a level three diabetic service to stable diabetic patients who were treated with injectable therapies. This reduced the need to attend hospital out-patient appointments.

Families, children and young people

Population group rating: Good

Findings

- The practice provided post-natal assessments on new mothers which included an assessment of their emotional well-being.
- Babies were offered a six to eight week new baby check in house.
- Children with additional needs, such as those who were subject to a safeguarding plan or who were looked after were identified on the system. Appropriate liaison was carried out with the health visiting teams as part of their multidisciplinary meetings. Patient records were updated to reflect any discussions.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary, regardless of whether there were available appointments.
- Young people aged under 18 years were able to access contraceptive and sexual health advice at the practice.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- One of the GPs had expertise in dermatology and was able to make use of a dermatoscope to aid diagnosis of skin conditions. This reduced the need to travel to hospital to seek specialist advice.
- Appointments were offered from 7am each day to accommodate patients before the start of the working day.
- The practice promoted the uptake of online services to include appointment booking or cancelling and requesting repeat medicines. We saw that over 20% of patients were registered for this service.
- Patients from the practice were able to access extended hours access from a local hub from 6.30pm to 8pm Monday to Friday, and from 10am to 2pm on weekends and bank holidays.

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

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including asylum seekers and travellers.
- The practice responded to the needs of patients acting in an unpaid caring role, and offered additional support as required.

**People experiencing poor mental health (including people with dementia)
Population group rating: Good**

Findings

- Staff we spoke with demonstrated an understanding of the particular needs of patients experiencing mental health difficulties. Referrals were made to appropriate services when a diagnosis of dementia was suspected, or when patients experienced crises in their mental health.
- Patients were able to self-refer to 'Insight', a local talking therapies support service.
- Staff were able to refer to Improving Access to Psychological Therapy (IAPT) services when required.
- The practice was aware of support groups within the area and signposted their patients to these when appropriate.

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 necessary.	Y
Explanation of any answers and additional evidence: Feedback from patients indicated that access to appointments was good, and that access to clinician of their choice was often also available.	

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)	88.4%	76.2%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	90.0%	73.6%	68.6%	Variation (positive)
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)	81.3%	68.2%	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)	94.1%	78.9%	74.4%	Variation (positive)

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.	11
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Partial
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A complaints leaflet was available in the practice premises or upon request. Advice on how to complain was in the practice leaflet. However patient information posters were not in evidence in the patient waiting areas. The practice told us they would review their approach in this regard.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint about the attitude of a clinician during a home visit.	An apology was offered to the family. The clinician in person was informed of the feedback, and the practice informed the family that the person in question was aware of the impact of their behaviour on the day.
Ongoing complaint about presumed side effect of routine childhood immunisation.	The complaint had been passed onto the manufacturer of the vaccine for the concerns of the family to be addressed. The practice was maintaining dialogue with the family until their concerns were resolved.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate and inclusive 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
Explanation of any answers and additional evidence: The leadership team was stable. The practice was not aware of any imminent departures from the GP partnership. We discussed plans which would be put in place to address any gaps left by the departure of key staff, and found that the practice had realistic expectations and plans in the event of such events.	

Vision and strategy

The practice had developed a mission statement which sought to seek continuous improvement in the health status of the whole practice population.

	Y/N/Partial
The practice had a 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 taking into account feedback from 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

Culture

The practice had a culture which supported 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
The safety and well-being of staff was taken into consideration.	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

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

Source	Feedback
Staff member	The practice is well organised. Staff are approachable.
Staff member	The practice is very keen to provide the best care they can. Patients' needs are put first.

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: A recent re-structure of non-clinical staff had ensured that there were clear, identified roles within the management structure. This allowed for equitable and efficient sharing of tasks.	

Managing risks, issues and performance

There were 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 programme of quality improvement activity.	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
<p>Explanation of any answers and additional evidence: The practice had recently experienced an increase in the practice population. Tentative discussions were taking place with key stakeholders in relation to the potential to improve or extend their current premises in order to continue to meet patient need and enable recruitment of additional staff.</p>	

Appropriate and accurate information

Data and information was utilised 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 mostly accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence: We saw that Quality and Outcomes Frameworks (QOF) achievements were monitored and reviewed throughout the year. However, we saw that in some cases systems for identifying patients were not consistently applied, for example, in relation to identifying vulnerable adults or those who had frequent hospital admissions. Following receipt of the draft report, the practice told us they were reviewing templates to improve consistency in this regard.</p>	

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

Feedback from Patient Participation Group.

Feedback
Meetings take place twice a year and are well-run. Representatives from the practice attend and there is a two-way dialogue. We feel the practice listens and tries to implement improvements we suggest when they can.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
Learning, development and improvement was supported.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Although we saw that many non-clinical staff had not had an appraisal in recent years, we heard that informal feedback occurred between staff and managers, and that staff had been enabled to develop and learn new skills within their role.	

Examples of continuous learning and improvement

The practice was part of a locality involving five practices in all. Each one had been given individual areas to consider. The Northolme practice had been tasked with looking at projected new builds in the local area, with consideration to the impact of this on local primary care services.
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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 practices 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.