

# Care Quality Commission

## Inspection Evidence Table

### Lakeside Healthcare at Rushden (1-6017886221)

Inspection date: 29 November 2018

Date of data download: 13 November 2018

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

**Safe**

**Rating: Requires Improvement**

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for their role.	Yes
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Lakeside Healthcare Partnership as a provider had their own designated Safeguarding Team who were employed within the partnership from Monday to Friday to cover all aspects of what we found to be well	

documented protocolised embedded Safeguarding processes to protect both children and adults. At practice level the lead receptionist acted as a link.

The members of the team were easily contactable during working hours via telephone or the task system on the clinical record system System One.

During our inspection safeguarding was tried and tested and found to be effective in its delivery. Staff members described the safeguarding system as a unique feature of working for the partnership. Staff felt confident that any potential safeguarding concern identified could be escalated to an expert team in the knowledge that there would be oversight, a thorough investigation by liaising with multi agencies, collation of information and follow up. This alleviated undue pressure and anxiety on clinicians.

The safeguarding team delivered safeguarding training and education to staff to enable them to recognise differences in risk from levels one to four, with additional visual support from detailed laminated A3 posters in all consulting rooms and up to date contact numbers and names to empower prompt referrals.

The safeguarding team gathered relevant information from various sources by having direct links with Health Visiting teams, Midwives, School Nurses, Social services, MASH teams and the Police and linked together family members in order to risk stratify each case.

As a result of gathering this detailed and high-level information we saw evidence of very detailed comprehensive reports having been generated for local safeguarding meetings, Child Protection Conference reports and referrals to MASH. The team organised and attended the monthly safeguarding multi-disciplinary team meetings held at the practice to provide updates and action plans. Meeting dates were published a year in advance to ensure attendees could plan their attendance accordingly.

Information relating to safeguarding investigations, meetings and reports were found to be easily accessible on the patient medical record via generic Lakeside children and adult safeguarding templates in the clinical tree and contained a chronology of concerns and contacts about a child and their family with updates to appraise clinical staff at the time of consultation.

Records had specific Read codes that were current with alerts, icons, information regarding parental responsibility and family contacts.

We saw evidence that when children were not taken to hospital appointments or appointments for immunisations these were followed up.

Reports for Child Protection Case conferences (CPCC) were sent out in plenty of time to allow attendees to read them beforehand and to date the return rate of reports is 100% and the Lead Safeguarding Nurse attended when applicable.

At this inspection we saw examples of the safeguarding team dealing with Adult safeguarding concerns complying with The Care Act and Capacity issues as detailed in their educational policy.

Referrals were made in the same way as for children and safeguarding information was accessed via the generic Lakeside Adult safeguarding template. Cases were reviewed in depth with expert knowledge and oversight by the lead safeguarding GP who provided feedback to the referrer with a management plan which could include referral to social services. The team were able to link agencies to support patients at risk.

The safeguarding team distributed a regular newsletter called "Cautionary Tales" which contained learning points from Serious Case Reviews and Local Safeguarding cases for staff to reflect upon. Staff members we spoke with told us they found the newsletters useful and thought provoking.

Whilst patients about who there were safeguarding concerns were highlighted on patients' records, we found that not all staff had their Smart card enabled to a sufficient level to allow them to see those alerts. We raised this with the Safeguarding Nurse Clinical Lead who assured us they would review all staff

Smart cards to ensure they could see alerts.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
Explanation of any answers and additional evidence: The practice was unable to provide records of staff vaccinations.	
Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test:	Yes 5/12/2017
There was a record of equipment calibration. Date of last calibration:	Yes 5/12/2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Yes
Fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes 1/10/2018
There was a log of fire drills. Date of last drill:	Yes 21/2/2018
There was a record of fire alarm checks. Date of last check:	Yes Weekly 27/11/2018
There was a record of fire training for staff. Date of last training:	Yes Various dates on line training
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion:	Yes 16/01/2018

Actions from fire risk assessment were identified and completed.	There were no outstanding actions
<b>Health and safety</b> Premises/security risk assessment carried out. Date of last assessment:	Yes September 2018
Health and safety risk assessment and actions Date of last assessment:	Yes September 2018
Explanation of any answers and additional evidence: A comprehensive range of assessments had been completed by the practice manger upon taking up post. Actions had been identified, addressed and reported upon in a 'live' document that allowed for progress on actions to be documented. In total 75 areas for improvement had been identified. Of those many had been completed and closed, but others were longer term actions that were in progress.	

## Infection control

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

	Y/N/Partial
Infection risk assessment and policy in place	Yes
Staff had received effective training on infection control.	Yes
Date of last infection control audit:	7 November 2018
The provider had acted on any issues identified in infection control audits.	No issues identified
The arrangements for managing waste and clinical specimens kept people safe.	Yes

## Risks to patients

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

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes

There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinician review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or another clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Yes

## Information to deliver safe care and treatment

### Staff did not always have the information they needed to deliver safe care and treatment

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	No
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	No
The provider demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	

**See medicines management section.**

## Appropriate and safe use of medicines

**The provider did not always ensure the safe use of medicines.**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.22	1.06	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	7.5%	8.1%	8.7%	Comparable with other practices

Medicines management	Y/N/Partial
The provider had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	No
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	No
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes

The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Yes

Explanation of any answers and additional evidence:

Patients in receipt of warfarin who required regular blood testing had their tests done by a third-party healthcare provider, commissioned by the clinical commissioning group. This system did not provide the practice with patients' INR result or the date when their next INR test was due. You told us that information was only received directly when a patient had missed a test. The practice could see INR results manually through ICE (Integrated Clinical Environment) but we found that the practice was not routinely updating the clinical systems to allow prescribers to see results in the surgery clinical system. Prescribers were in a position where they prescribed warfarin without being in possession of all the facts to enable them to make considered, safe judgement. There were 17 patients in receipt of warfarin whose records showed they were overdue a blood test by 12 weeks or more. We acknowledge that this situation was at least in part, as a result of the commissioning arrangements for blood tests between the clinical commissioning group and a third-party provider.

We found that 43 patients prescribed ACE inhibitors, a medicine used to treat hypertension and congestive heart failure had not had Plasma creatinine or Serum creatinine level and Plasma potassium level or Serum potassium level tests in the last 24 months.

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial

Number of events recorded in last 12 months.	14
Number of events that required action	14
<p>Explanation of any answers and additional evidence:</p> <p>Staff were encouraged to raise any areas of concern relating to safety. However, we found that events had not been well documented in the past, nor was there always evidence of them being discussed at staff meetings to encourage and promote learning. More recent events had been better documented and actions taken as a result were clear.</p>	

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

Event	Specific action taken
Oxygen cylinder ran out	Following site meeting a second oxygen cylinder ordered. Daily checking of cylinders started.
Incorrect medication dosage added from discharge letter	Taken to clinical meeting and clinicians to now second check pharmacists discharge letters.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understand how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not have an effective system to ensure that older MHRA alerts were re-run.</p>	



## Effective

**Rating: Good**

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.13	0.82	0.83	Comparable with other practices

### Older people

Population group rating: **Good**

Findings
<ul style="list-style-type: none"><li>Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.</li><li>The practice carried out structured medication reviews for older patients.</li><li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li></ul>

## People with long-term conditions

### Population group rating: Requires improvement

Findings	
•	Patients in this group were not having their healthcare needs met in a manner that ensured as far as practical their treatment was safe. Repeat prescribing in the absence of sound evidence from blood tests for patients in receipt of warfarin and ACE Inhibitors placed patients in this group at potential risk.
•	Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinical staff opportunistically offered reviews if patients had failed to attend previous appointments.
•	The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
•	Adults with newly diagnosed cardio-vascular disease were offered statins.
•	The practice followed up on patients with long-term conditions discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.1%	81.3%	78.8%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 22.6% (161)	CCG Exception rate 17.7%	England Exception rate 13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.5%	78.8%	77.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 17.3% (123)	CCG Exception rate 11.4%	England Exception rate 9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	80.3%	82.0%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.4% (152)	14.9%	13.5%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	76.9%	76.6%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.9% (222)	9.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.9%	91.7%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.7% (66)	13.8%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QoF)	82.2%	83.3%	82.6%	Comparable with other practices
<b>QoF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	13.2% (261)	4.5%	4.2%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QoF)	90.2%	92.0%	90.0%	Comparable with other practices
<b>QoF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	4.2% (8)	4.8%	6.7%	

#### Any additional evidence or comments

Conditions including diabetes, mental health, cardiovascular disease, and chronic obstructive airways disease all had significantly higher rates of exception reporting in comparison to local and national averages. For example, exception reporting for COPD was 27.7% (CCG 13.8%; national 11.5%) We asked the lead GP and practice manager to consider the issues. The practice had migrated onto a new clinical IT system during the last QoF year and we were told that this had not gone as well as expected and they believed some of the high exception reporting figures were as a result.

## Families, children and young people

Population group rating: **Good**

### Findings

- Achievement rates exceeded the target for all standard childhood immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

### Child Immunisation

Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	136	141	96.5%	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)	124	127	97.6%	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)	124	127	97.6%	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)	124	127	97.6%	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 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.
- Smoking cessation clinics were offered.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

### Cancer Indicators

Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	73.6%	72.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.0%	75.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.8%	57.3%	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)	79.0%	70.3%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	60.3%	52.7%	51.6%	Comparable with other practices

## 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.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

## People experiencing poor mental health (including people with dementia)

Population group rating: Good

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The practice hosted a mental health liaison worker provided by the local mental health trust, but referral and appointments were offered on site.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had received dementia awareness training.

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	94.7%	95.0%	89.5%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	74.0% (54)	17.7%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	94.4%	94.6%	90.0%	Comparable with other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	50.7% (37)	13.5%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	100.0%	85.3%	83.0%	Significant Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	52.9% (27)	9.0%	6.6%	

**Any additional evidence or comments**

We raised the high exception reporting with the principle GP and the practice manager. We were told the practice had migrated onto a new clinical IT system during the last QoF year and that this had not gone as well as expected and they believed some of the high exception reporting figures were as a result. We asked the GP and practice manager to consider the reasons for the high exception reporting.



## Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554	549	540
Overall QOF exception reporting (all domains)	10.3%	6.7%	5.8%

	Y/N/Partial
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Partial
Any additional evidence or comments	
Although the overall QOF score was above both the CCG and national average the clinical exception reporting rate was significantly higher than both. In some clinical indicators it was extremely high, for example the mental health indicators. We were given no specific reason for this high exception reporting other than it may have been due, in part to changes in the clinical IT system, although this could not be evidenced.	

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

Improvement activity
Audit of Omeprazole/Esomeprazole use concurrently with clopidogrel. When the searches were re run, the number of patients who had been prescribed omeprazole with clopidogrel had reduced to 4 from 44, and esomeprazole with clopidogrel had reduced from to 0 from 1.
Audit of Ramipril prescribing to patients with worsening renal function. Audit undertaken as a result of a significant event being discussed at a clinical meeting. Audit provided improved outcomes for patients.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Partial
Staff had access to appraisals, one to one, coaching and mentoring, clinical	Yes

supervision and revalidation. They were supported to meet the requirements of professional revalidation.	
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: There was an induction program for staff. The healthcare assistant had not completed the Care Certificate.	

## Coordinating care and treatment

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

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

	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Yes
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Yes

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes

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

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)	92.1%	94.9%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (34)	0.7%	0.8%	

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	23
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

### Examples of feedback received

Source	Feedback
CQC feedback cards	Patients and carers who had completed feedback cards had commented that it was an excellent, friendly service. They were treated with respect and listened to and dealt with sympathetically. Six had made comments about the difficulty in getting an appointment and two of those further commented about continuity of care (seeing different GPs).

## National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11108	281	112	39.9%	1.01%

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)	84.2%	87.9%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	82.6%	86.0%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	90.5%	95.0%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	80.7%	82.4%	83.8%	Comparable with other practices

### Any additional evidence or comments

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

Date of exercise	Summary of results
August to November 2018	The patient participation group attends the surgery and encourages patients to complete the Friends and Family Test. We looked at the results for August to November inclusive. During that period 867 people completed the survey. Of those 89% had stated they would recommend the practice to family or friends.

### Involvement in decisions about care and treatment

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

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	89.8%	92.0%	93.5%	Comparable with other practices

Question	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	72 which was 0.6% of the patient list.
How the practice supported carers.	The surgery had information available to carers and had a 'Carers Champion'
How the practice supported recently bereaved patients	No information was obtained.

## Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

The practice took account of peoples' needs and choices so that people received personalised care that was responsive to their needs.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
The practice had a system to assess whether a home visit was clinically necessary and	Yes

the urgency of the need for medical attention	
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Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Extended hours appointments	Additional pre-bookable and telephone appointments are offered on two Saturday mornings per month. There were no additional GP extended hours appointments available.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11108	281	112	39.9%	1.01%

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)	92.2%	93.7%	94.8%	Comparable with other practices

Any additional evidence or comments

#### Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>The practice was responsive to the needs of older patients, and offered home visits, telephone triage and urgent appointments for those with enhanced needs and complex medical issues.</li> <li>Health checks were offered to patients over 75 years of age.</li> <li>Patient choices in relation to resuscitation were clearly recorded.</li> </ul>



## People with long-term conditions

Population group rating: **Good**

### Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- 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.

## Families, children and young people

Population group rating: **Good**

### Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments outside of school hours and on Saturday mornings were available.

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

Population group rating: **Good**

### Findings

- The practice had promoted the use of on-line access to services and had increased uptake to 21% being registered. This represented a significant increase of 7% from the beginning of 2018.
- Patients could request repeat prescriptions using the online service
- The on-line service enabled patients to book appointments.
- A flexible appointments system offered face to face or telephone consultations where appropriate.
- Patients could access telephone consultations and appointments on Saturday mornings twice a month.
- There was no additional extended hours access provision.

## People whose circumstances make them vulnerable

Population group rating: **Good**

### Findings

- Longer appointments were available for patients with a learning disability to carry out their annual health check.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of people with a learning disability.

## People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

### Findings

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

## Timely access to the service

People could access care and treatment in a timely way.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	85.5%	66.7%	70.3%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
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)	74.6%	67.8%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	73.2%	64.4%	65.9%	Comparable with other practices
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)	81.5%	74.5%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	89% of 356 patients who took part in the Friends and Family test in August to November 2018 would recommend the practice.

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	40
Number of complaints we examined	one
Number of complaints we examined that were satisfactorily handled in a timely way	yes
Number of complaints referred to the Parliamentary and Health Service Ombudsman	nil

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement	Yes
Explanation of any answers and additional evidence: Although 40 complaints had been recorded since January 2018 only one example was available for us to view to assess how it had been dealt with. The practice manager was unable to assist us with other complaints as they had only recently taken up the position and the process prior to her appointment was not well documented. The one complaint we could review showed that improvements had been made as a result.	

## Well-led

## Rating: Requires Improvement

### Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

### Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
The practice's speaking up policies were in line with the NHSI National Raising Issues (Whistleblowing) Policy.	Yes

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

## Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Partial*
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:            There was little oversight of the high exception reporting in QOF clinical indicators. Senior staff appeared to be unaware of the issue and could offer no explanation other than they may be due to IT changes part way through the year, although this could not be evidenced.</p>	

### Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	No
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes
Explanation of any answers and additional evidence:  Prescribers of high risk medicines were not always in possession of accurate and reliable information about patients that enabled them to make safe, considered judgements.	

### Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

### Feedback from Patient Participation Group

Feedback
The group was active and met regularly, supported by the practice. The group was proactive in attending the surgery every two weeks to talk with and obtain the views of patients and encourage them to complete the Friends and Family test, resulting in high feedback rates when compared to similar practices. The members we spoke with said they were very well supported and encouraged by practice staff.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: It was evident that learning was now shared with staff to make improvements through meetings and protected learning time, although it could not be demonstrated that this had always been the case. Staff we spoke with told us that training and career progression was important and encouraged by senior management.	

Examples of continuous learning and improvement
Discharge letters from secondary care containing medication instructions were dealt with by the clinical pharmacist. To further increase patient feedback, the Friends and Family test could now be completed by SMS text messaging. The practice is a Level One research site and staff undertake training specific to each study.



## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

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