

# Care Quality Commission

## Inspection Evidence Table

### Broom Leys Surgery (1-3068917340)

Inspection date: 13 February 2019

Date of data download: 30 January 2019

## Overall rating: Good

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

## Safe

## Rating: Good

### Safety systems and processes

**The practice had 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
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	N/A
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
There were systems 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
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 15 November 2018	Yes
There was a record of equipment calibration. Date of last calibration: 15 November 2018	Yes
There were risk assessments for any storage of hazardous substances for example, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 1/2/19	Yes*
There was a log of fire drills. Date of last drill: 4/7/18	Yes*
There was a record of fire alarm checks. Date of last check: 1/2/19	Yes*
There was a record of emergency lighting checks. Date of last check: 1/2/19	Yes*
There was a record of fire training for staff. Date of last training: Over the last 12 months.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 3/8/17	Yes
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Weekly fire safety inspection records were in place. We looked at the records for the last 12 months and found that there were gaps in these records where fire alarm and emergency lighting was not checked. For example, week commencing 10<sup>th</sup> August, 31 August, 14 September, 28 September, 5<sup>th</sup> and 12 October.</p> <p>Fire Drills took place approximately every six months. It was documented on the report for the 4 July 2018 fire drill that not all staff had proceeded to the evacuation point promptly. This was to be discussed</p>	

at a team meeting. We did not see any meeting minutes where the findings of the fire drill were discussed or any plans to repeat the fire drill.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Yes*
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes*
<p>Explanation of any answers and additional evidence:</p> <p>Risk assessments had been carried out for the various areas of the building over a period of 12 months. The most recent risk assessment carried out on 23 January 2019 was in relation to general office safety. Five actions had been identified. Two were still to be completed and these had been referred to the owners of the building for them to complete.</p> <p>We found the practice had effective arrangements in place for the management of legionella (a bacterium which can contaminate water systems in buildings). A policy was in place and a risk assessment had been carried out on 31 July 2017. Monthly water temperature monitoring was carried out as per recommended guidance.</p>	

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control. Date of last infection prevention and control audit: 11 June 2018	Yes *
The practice had acted on any issues identified in infection prevention and control audits.	Yes*
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All staff had received infection control training on 21 June 2018.</p> <p>An infection control audit was carried out in 2017 and was scored at 84%. A few actions had been identified. At the infection control audit on 11 June 2018 the practice had scored 100% with no actions identified.</p>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes*
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes*
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Information on where to find the emergency equipment were seen throughout the practice.</p> <p>We saw that the practice had information for patients on Sepsis awareness both in the surgery and on the practice website and staff had received training.</p> <p>Most equipment required to assess patients with presumed sepsis or other clinical emergencies was in place except for a paediatric pulse oximeter and neonatal thermometer.</p>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

## 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) <small>NHS Business Service Authority - NHSBSA)</small>	1.01	0.98	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	7.2%	9.5%	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national	Yes

Medicines management	Y/N/Partial
guidance.	
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes*
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Not applicable
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Not applicable
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes*
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes*
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes*
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	
At the inspection in November 2017 we found that the nurse practitioner had not received recent clinical supervision to facilitate evaluation of their clinical work and non-medical prescribing. At this inspection we saw an appraisal took place in January 2018 and regular mentorship and support had been planned at three monthly intervals. We looked at the records and saw discussions had taken place in April, June, November 2018 and January 2019. Review of clinical records had been recorded but further detail could be added in relation to type of clinic reviewed, number of patients and discussion that had taken place.	

Medicines management	Y/N/Partial
We looked at the arrangements in place regarding emergency equipment and medicines. We found that a system was in place to monitor and check these monthly. We saw that these had been recently checked on 31 January 2019. However, we found that checks had not been carried out consistently in 2018. The practice had identified this issue on 10 February 2019 and started a significant event analysis to look at why this had happened.	

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	56
Number of events that required action:	56
Explanation of any answers and additional evidence: We saw that improvements had been made to the system for significant events following our last inspection. The investigation of events had improved which included clinical oversight and actions and learning was documented. There was clear evidence of a wide range of incidents being recorded including positive significant events. The system still required further development to ensure that events were reviewed to gain assurance that any changes implemented as a result of events were effective.	

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

Event	Specific action taken
Issues with pharmacy next to practice not processing urgent prescriptions.	Practice medicines team to follow up on all urgent prescriptions to make sure they are dispensed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes

Staff understood how to deal with alerts.	Yes
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## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Links to NICE guidance were available on the practice computer system and also embedded into clinical templates used when patients attended for an appointment.</p> <p>At our last inspection we found that meeting minutes did not contain discussions of NICE guidance but at this inspection we saw evidence of discussion of current evidence-based practice at practice meetings.</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) <small>(NHSBSA)</small>	0.50	0.74	0.81	No statistical variation

### Older people

### Population group rating: Good

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

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## People with long-term conditions

## Population group rating: Good

### Findings

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

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	76.1%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.6% (14)	11.4%	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)	77.5%	74.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.4% (18)	10.3%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	83.7%	79.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.6% (35)	12.7%	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)	78.0%	74.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.6% (3)	6.6%	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)	89.0%	87.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.3% (4)	12.0%	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)	87.2%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.7% (21)	3.9%	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)	99.2%	92.2%	90.0%	Variation (positive)

Exception rate (number of exceptions).	9.2% (13)	5.8%	6.7%	N/A
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### Any additional evidence or comments

## Families, children and young people Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with 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 and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	73	75	97.3%	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)	76	78	97.4%	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)	76	78	97.4%	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)	76	78	97.4%	Met 95% WHO based target (significant variation positive)

(01/04/2017 to 31/03/2018) (NHS England)				
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## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. Nurse appointments and flu clinics could also be booked online.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	77.5%	76.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.9%	77.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	62.0%	62.4%	54.5%	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. (01/04/2017 to 31/03/2018) (PHE)	77.1%	67.6%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	67.6%	57.0%	51.9%	No statistical variation

### Any additional evidence or comments

People whose circumstances make

Population group rating: Good

## them vulnerable

### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

## Population group rating: Good

### Findings

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

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.6%	92.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	14.5% (8)	37.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.2%	93.3%	90.0%	No statistical variation

Exception rate (number of exceptions).	7.3% (4)	30.3%	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)	85.5%	79.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.8% (2)	8.1%	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)	551.3	532.8	537.5
Overall QOF exception reporting (all domains)	3.2%	5.3%	5.8%

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

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

<p>At our inspection in 2017 we found that clinical audits required more structure, detailed analysis and actions to be implemented. At this inspection we found that audits were clearer and more structured with evidence of improvement. For example:</p> <ul style="list-style-type: none"> <li>The practice had participated in an audit looking at outpatient follow ups. This highlighted a lack of communication from the hospital and that some of the outpatient appointments were telephone calls with a nurse. This information was fed back to the federation who then passed it on to the hospitals.</li> <li>The practice had carried out an audit around controlled drugs to ensure prescribing was in line with national guidance in terms of that only one month's supply was given. They had achieved 100% compliance with this.</li> <li>The practice carried out an audit around urinary tract infections (UTI) in January 2019. The aim was to establish baseline prescribing practice for suspected UTI at the practice and assess whether improvement could be made. The hope was that unnecessary use of tests and antibiotic</li> </ul>
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treatment may be minimised by adhering to management guidelines, system tools, and via educational interventions. The findings of the audit were that national guidance was well adhered to in practice with patients over 65 years of age being asked to provide urinary sample for culture before starting treatment.

The audit also found there was generally a good understanding of UTI treatment guideline in considering nitrofurantoin as first-line where treatment is required. This was discussed at the next clinical meeting to identify reasons for not using nitrofurantoin in certain patients and to assess/reflect whether or not the decisions were appropriate.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes*
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses and pharmacists.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in November 2017 we found that the nurse practitioner had not received recent clinical supervision to facilitate evaluation of their clinical work and non-medical prescribing. At this inspection we saw an appraisal took place in January 2018 and regular mentorship and support had been planned at three monthly intervals. We looked at the records and saw discussions had taken place in April, June, November 2018 and January 2019. Review of clinical records had been recorded but further detail could be added in relation to type of clinic reviewed, number of patients and discussion that had taken place.</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)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Not applicable
Explanation of any answers and additional evidence:	

## 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*
Explanation of any answers and additional evidence:	
There was a large amount on information on the practice website in regard to ways to improve the health of patients. Information could also be found in the practice waiting room.	
The practice had weekly coffee mornings which was supported by the patient participation group.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions:	97.0%	95.0%	95.1%	No statistical variation

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)				
Exception rate (number of exceptions).	0.3% (5)	0.7%	0.8%	N/A

#### Any additional evidence or comments

### Consent to care and treatment

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

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

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient surveys (21) Feedback from members of the PPG (Three)	Always listened to. Caring Staff Pleased with the care. Treated with dignity and respect Staff welcoming and courteous Drs always listen to my views
NHS Choices	Could you do their job? I couldn't. My recent visit with the GP was superb. It was short notice when i asked to be seen and it was not any trouble to be seen. I was politely asked to take a seat and i would be called in as soon as possible by the Dr on call.  I was made to feel welcome, involved throughout my consultation and at no point did i feel uncomfortable or problematic to be seen. I was given a thorough examination as well as receiving advice about exercises I could do at home to help.  We all know what a fix the NHS is in but I have to admire the time, patience and pure effort to carry out their role at this time. It can't be easy to say NO you do not need a prescription but credit to them for doing so and sharing ways in which we can start to help ourselves.



Indicator	Practice	CCG average	England average	England comparison
(01/01/2018 to 31/03/2018)				

#### Any additional evidence or comments

In 2018 the practice had changed from a high use of locum GPs to employing salaried GPs with the aim of improving patient satisfaction and continuity with consultations. As the GP patient survey was annual there was no evidence to show any improvement in satisfaction in respect of the above indicators. However, the comments from patients we received on the day of our inspection regarding the above areas were all positive.

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

#### Any additional evidence

The practice carried out a patient survey at the beginning at February 2019. 35 patients completed the survey. Patients were asked a series of questions about the care received in the surgery as well as their booking experience and general access to the appointments system.

Patients who took part in the survey were asked to rate the care and concern shown by clinicians during the consultation. 51% rated the care and concern as excellent.

40% of patients who completed the survey said the experience was excellent; 26% very good, 20% good and 11% satisfactory.

#### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Patient surveys (21) Feedback from members of the PPG (Three)	Always receive help and treatment. Drs always listen to my views. Practice are focused on the patients. Never felt rushed in any of my appointments. Staff are customer care focussed first and foremost

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## 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)	81.7%	94.8%	93.5%	Variation (negative)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	2.53%. 196 Carers
How the practice supported carers.	Provision of information in the practice waiting room and on the practice website. Weekly coffee mornings offered support and information to patients, carers and their families.
How the practice supported recently bereaved patients.	Practice send a card to those recently bereaved.

## 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 – where possible

There were arrangements to ensure confidentiality at the reception desk.	Partial*
<p>Explanation of any answers and additional evidence:</p> <p>Due to the layout of the building it was difficult to ensure confidentiality at the reception desk but the receptionists were aware and made every effort to ensure if a patient wanted to have a discussion in private they were taken to a different area.</p>	



## Responsive

## Rating: Requires improvement

### Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am -12-45. 1.30pm to 6pm
Tuesday	8:00am -12-45. 1.30pm to 6pm
Wednesday	8:00am -12-45. 1.30pm to 6pm
Thursday	8:00am -12-45. 1.30pm to 6pm
Friday	8:00am -12-45. 1.30pm to 6pm
<b>Practice was closed between 12-45 and 1.30pm</b>	
Appointments available:	
Monday	GPs 8.30am to 12:50pm and 1.30pm to 5.20pm Nurses 8.00am to 1.00pm and 1.30pm to 5.30pm
Tuesday	GPs 8.30am to 12:50pm and 1.30pm to 5.20pm Nurses 8.00am to 1.00pm and 1.30pm to 5.30pm
Wednesday	GPs 8.30am to 12:50pm and 1.30pm to 5.20pm Nurses 8.00am to 1.00pm and 1.30pm to 5.30pm
Thursday	GPs 8.30am to 12:50pm and 1.30pm to 5.20pm Nurses 8.00am to 1.00pm and 1.30pm to 5.30pm
Friday	GPs 8.30am to 12:50pm and 1.30pm to 5.20pm Nurses 8.00am to 1.00pm and 1.30pm to 5.30pm
Extended Hours	
An extended hours service was commissioned by the CCG and appointments were available in early morning, evenings and weekends at the following locations and could be made through the practice:  Loughborough Urgent Care Centre at Loughborough Community Hospital	

	Coalville Community Hospital Centre Surgery, Hinckley.
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## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7742	278	131	47.099999999999999 94%	1.69%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	91.9%	95.4%	94.8%	No statistical variation

Any additional evidence or comments

In the 2018 national GP patient survey, the practice had scored much lower than average in some areas relating to access. Patients had also reported dissatisfaction with access to appointments and to the practice by telephone. This affected all the population groups and therefore all were rated requires improvement.

### Older people

### Population group rating: Requires improvement

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 and urgent appointments for those with enhanced needs and complex medical issues.</li> <li></li> </ul>

### People with long-term conditions

### Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment and were moving to a recall system based on patients' month of birth.</li> <li>The practice liaised regularly with the local district nursing team and other healthcare professionals to discuss and manage the needs of patients with complex medical issues.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> </ul>



## **Families, children and young people**

**Population group rating: Requires improvement**

### **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 were offered a same day appointment when necessary.

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

**Population group rating: Requires improvement**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were also available to all patients at additional locations within the area, through a service commissioned by the local CCG. Appointments were available in early morning, evenings and weekends.

## **People whose circumstances make them vulnerable**

**Population group rating: Requires improvement**

### **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 those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Requires improvement**

### **Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs

and those patients living with dementia.

- The practice was aware of support groups within the area and signposted their patients to these accordingly.

## Timely access to the service

### People were not always able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes*
Explanation of any answers and additional evidence: We were told that the nurse practitioner would do extra appointments if required.	

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)	34.3%	N/A	70.3%	Significant Variation (negative)
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)	46.0%	67.7%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	44.0%	63.8%	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)	64.7%	76.3%	74.4%	No statistical variation

## Any additional evidence or comments

The practice carried out a patient survey at the beginning at February 2019. 35 patients completed the survey. Patients were asked a series of questions about the care received in the surgery as well as their booking experience and general access to the appointments system.

Out of the 35 patients who completed the survey 74% indicated they would be happy to see the same GP/Nurse/HCA again.

83% of patients who completed the practice survey said the reception team were helpful.

Out of 35 patients who completed the survey, 68% had an appointment with a GP of which 57% of those patients had booked their appointment in advance over the phone. It was highlighted that 46% indicated that they found it 'not very easy' to get through to on the phone lines.

Out of the 35 patients who rated their experience when booking their appointments, 43% found the experience very good. 54% were also very satisfied with the time between booking the appointment and when they were seen in the surgery.

Patients were asked how long after their appointment time did they have to wait to be seen. 63% said they only had to wait five to ten minutes past their appointment time.

The practice had been aware of patient dissatisfaction as a result of the GP patient survey and had conducted their own survey in 2018 and confirmed the areas that needed improvement as:

- Getting through to make an appointment.
- Patients unable to talk their preferred GP.
- Patients unable to make an appointment to see their preferred GP.
- Lack of access to care.

As a result they:

- Conducted a campaign for on-line access, to increase the number of patients using the online service in order to take the pressure of the phonelines.
- Invested in a new website making information more readily available with forms and leaflets available for download and signposting local services.
- Investigated the option of a new phone system but at that point it was not financially viable.
- Changed appointment types, added additional telephone call back appointments including early morning telephone appointments to help patients, which resulted in more clinic appointments being available.
- Changed the business model from long-term locums to salaried GP's to improve continuity.
- Changed the practice computer patient record system with the aim of helping recruitment.

The practice had also taken part in an active signposting campaign with the aim of reducing avoidable appointments. This had resulted in a 69% reduction in avoidable appointments.

The impact of some of these actions had not had time to become embedded at the time of our inspection and the practice were aware there was still dissatisfaction with getting through by telephone. We saw evidence that improving telephone access was part of their business plan and that they were currently investigating a new telephone system.

Source	Feedback
Patient surveys (21)	Can never get through on the phone to make an appointment Difficult to get through by phone to make an appointment Difficult to get an appointment even when they have only been open 5 minutes
NHS Choices	Called for an appointment at 8am and got through after 10 mins and was immediately offered an appointment at 10 am. Was seen by a female doctor(only running about 15 mins late) who was very thorough and I didn't feel a bit rushed. I hope this service is the shape of things to come at this surgery. In the past I have been very frustrated with the lack of service but today I was totally satisfied. Well done and keep it up.  It is now 15.30 and I have waited in all day for a telephone appointment from a Doctor. I can never get in to see my Doctor hence my telephone appointment request. Rather annoyed with the delay

### 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.	14
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was unable to make an appointment for a blood test and receptionist did not call them back as promised.	Letter sent to patient with apology. Appointment system changed to allow for urgent blood test appointments. Task system to be used by receptionists to ensure patients are contacted when promised.

## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice had recognised that a challenge to sustainability was the reliance on locum GPs. As a result, they had addressed this and recruited three salaried GPs to promote continuity and reduce costs.	

### 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 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
Explanation of any answers and additional evidence: The practice were considering a GP partnership model going forward to further enhance sustainability. Staff had been involved in focus groups to discuss the future of the practice.	

### Culture

**The practice had a culture which drove high quality sustainable care.**

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes



Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff had received training about whistleblowing and we saw posters with supporting information around whistleblowing.	

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

Source	Feedback
Staff Member	Don't feel I am kept up to date straightaway. Not able to give examples of any complaints or significant events over the last 12 months.
Staff member	Feel supported and involved in the practice.

## 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 which were regularly reviewed.	Yes*
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:  We looked at a number of policies and procedures which were used to provide guidance to staff. Some of which had not been regularly reviewed. For example, Chaperone Policy, Minor Surgery protocol.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes*

An emergency business continuity plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
Most risks were well managed apart from fire safety and the monitoring of emergency equipment and medicines.	

### Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes*
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
The practice had purchased a new intranet system which was due to be installed with the aim of ensuring accurate and appropriate information and monitoring of risks.	

### 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.	Partial*
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
We were told and evidence we looked at showed that nurse meetings did not take place on a regular basis. We asked to view some nurse meeting minutes. We saw that in 2018 only one meeting had taken	

place on 17 December 2018. The practice told us they were going to be held more regularly going forward.

#### Feedback from Patient Participation Group.

##### Feedback

We spoke with three members of the PPG. They told us they currently have 17 members and meet monthly at the GP practice. The PPG had recently appointed an acting chair person. Their vision was to be proactive and support the practice and provide information and support to patients, carers and their relatives.

Weekly coffee mornings took place and the PPG had recently supported a smear test, cake and coffee morning where information was given out to those that were interested. The PPG also planned to discuss with the management team providing members to support routine and annual clinics, for example, influenza and eye clinics.

##### Any additional evidence

#### Continuous improvement and innovation

**There was 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

#### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$

6	No data	Null
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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.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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.