

Care Quality Commission

Inspection Evidence Table

Vine Medical Centre (1-543128312)

Inspection date: 06 February 2019

Date of data download: 08 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 clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The practice held monthly meetings with a multi-disciplinary team. The meeting was used to discuss vulnerable patients and any patient who required additional support. A partner was the safeguarding lead and all staff had received safeguarding training and the safeguarding lead facilitated regular updates. The practice held registers for specific vulnerable groups. For example, dementia register, learning disability register, mental health register, carers register.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All health care professionals working in the practice were registered with the relevant professional body.</p> <p>Registration was checked on employment (along with satisfactory references) and where applicable annually thereafter. Health care professionals' entry on professional registers were checked to ensure revalidation had occurred and that GPs were included on the NHS Performers List.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: June 2018	Y
There was a record of equipment calibration. Date of last calibration: November 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks.	Y
There was a log of fire drills. Date of last drill: November 2018	Y
There was a record of fire alarm checks. Date of last check: Weekly checked	Y
There was a record of fire training for staff.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: January 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a fire marshal in place and individual members of staff had specific roles to carry-out in the event of a fire.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	October 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: There was a designated lead for infection control within the practice. There had been a new contract cleaner employed. The physical environment including chairs, floors, walls and curtains were clean and maintained in good condition. We had no concerns with the cleanliness of the premises however, during the inspection we found that cleaning schedules had not been completed. The practice manager spoke with the cleaning company to ensure that moving forward these were completed after each visit. There was a designated room for storage of equipment. There were handwashing facilities, liquid soap and paper towels in each of the clinical rooms as well as antimicrobial sanitising gel available for use by clinical staff between patients.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: All clinicians had access to a validated sepsis tool through the IT system. When certain pieces of information were inputted into the records this tool was automatically activated.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: We saw during the inspection the practice was up to date with its allocation and management of incoming clinical correspondence and test results. We noted that patient's notes were not securely stored. The practice was aware of this and had risk assessed the situation. They were in the process of buying lockable cabinets for these to be stored in.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.89	0.92	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	7.3%	9.3%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	n/a
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a folder that contained a front sheet with the names of PGDs, their expiry dates and the actual PGD. We noted that three PGDs on the front sheet had expired, the practice was able to evidence that they were using the most up to date PGDs and that it was only the front sheet that was incorrect. All PGDs had been signed and dated by relevant staff members.</p> <p>There was a process for the management of information about changes to a patient's medicine received from other services.</p>	

Track record on safety and lessons learned and improvements made**The practice learned and made improvements when things went wrong.**

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	8
Number of events that required action:	8
Explanation of any answers and additional evidence: Significant events were recorded, investigated and acted upon. Learning and action points were discussed during clinical meetings. Communications with affected patients demonstrated duty of candour had been applied, and clinical staff demonstrated a good knowledge of duty of candour.	

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

Event	Specific action taken
Urine result not actioned as sent to salaried GP who only works two days per week.	Discussed and re-enforced that any samples sent by clinicians who are not full time to put in the name of one of the partners who would be able to review the results.
Patient had moved and had given a temporary address which had not been updated on the system. Their referral letter regarding an appointment had been sent to their previous address and was therefore never received.	Discussed and agreed with all staff the importance of having the correct patient information on the system. Administration staff reminded that whenever somebody moves, the address must be changed, even if on a temporary address.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We saw that the practice was receiving safety alerts and was acting appropriately to ensure patients were identified and actions taken. We also saw that the information relating to these alerts were shared with the full clinical team.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.92	1.06	0.81	No statistical variation

Older people

Population group rating: Good

Findings

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.

The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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

Health checks were offered to patients over 75 years of age.

The doctors and practice manager met regularly with the Primary Health Care Team to discuss the needs of these patients and put in extra social care if needed.

The practice had availability of the community medical team to provide a hospital at home service for heavily dependent patients. This was a multidisciplinary team, which included physiotherapists and occupational therapists, aimed at early intervention for the frail and elderly.

People with long-term conditions

Population group rating: Good

Findings

Patients with long-term conditions had a structured 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.

Clinical staff opportunistically offered reviews if patients had failed to attend previous appointments.

GPs followed up patients who had received treatment in hospital or through out-of-hours services.

The practice had a biweekly specialist diabetic clinic on site run by a specialist diabetic nurse working alongside the GP diabetic lead.

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 as appropriate.

The practice ran specialist clinics. For example, diabetes, chronic obstructive pulmonary disease (COPD) asthma, heart disease and hypertension. These patients were regularly invited for structured examination and management.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.9%	83.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.2% (32)	10.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.3%	77.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.7% (9)	10.0%	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) <small>(QOF)</small>	81.1%	81.4%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.3% (25)	13.6%	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)	73.6%	73.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.4% (5)	7.1%	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)	93.8%	88.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.4% (3)	12.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	88.8%	79.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (18)	4.2%	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)	96.1%	91.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (4)	6.3%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

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 patients 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)	72	75	96.0%	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)	54	60	90.0%	Met 90% minimum (no variation)
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)	55	60	91.7%	Met 90% minimum (no variation)
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)	54	60	90.0%	Met 90% minimum (no variation)

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. 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.

The practice could offer extended hours Tuesday and Thursdays and patients could access appointments until 8pm week days and weekend appointments through a local hub of GPs.

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)	75.2%	72.4%	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)	67.6%	70.4%	70.1%	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)	53.9%	58.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	80.0%	70.7%	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)	88.2%	49.2%	51.9%	Variation (positive)
The practice's uptake for cervical screening was 75.2%, which was higher than the national and local average but below the 80% coverage target for the national screening programme.				

People whose circumstances make them vulnerable

Population group rating: Good

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. Patients could be offered longer appointments.

The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Vulnerable patients were discussed at the monthly meeting, so that additional support could be accessed if required. Patients could be signposted to voluntary groups who could offer further support. Staff had been trained to recognise signs of abuse and were aware of their responsibilities and how to liaise with the relevant agencies.

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

Population group rating: Good

Findings

The practice assessed and monitored the physical health of patients 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.

The practice could refer patients to various talking therapy providers. Patients could also self-refer to these services.

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)	97.2%	90.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.3% (2)	11.6%	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)	97.2%	91.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (2)	10.5%	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)	82.6%	81.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.2%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.5	538.3	537.5
Overall QOF exception reporting (all domains)	3.7%	5.2%	5.8%

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

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

<ul style="list-style-type: none"> Several audits had been undertaken which had resulted in changes to clinical management and medicines for individuals, in line with guidance.
<ul style="list-style-type: none"> Examples of audits completed, Azathioprine monitoring, patients on direct oral anticoagulant (DOAC) and a hospital prescribed drugs audit.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	n/a

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.1%	94.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.4% (17)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR).</p>	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive.

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

CQC comments cards	
Total comments cards received.	43
Number of CQC comments received which were positive about the service.	43
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient interviews	Patients we spoke with on the day of the inspection told us staff were always kind and respectful.
Comment Cards	Patient's comments were positive and some went into detail how the practice had supported them and their families. We saw comments that staff and GPs were excellent, supportive, encouraging and caring, explaining care and treatment and taking time with patients; patients said they were treated with respect.
NHS Choices and I want Great Care	We noted there were positive comments about the level of service and patient care.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6328	286	131	46%	2.07%

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)	99.0%	91.4%	89.0%	Variation (positive)
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)	96.1%	89.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	97.7%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	91.3%	86.6%	83.8%	No statistical variation

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

Any additional evidence or comments
The practice had conducted a survey in October 2018 in relation to the practices opening hours. Patients were asked if they would like the opening time to change from 8.30am to 8am. 74 questionnaires were returned. 35 patients said yes and 39 patients said no. Results were discussed at a staff meeting and with the patient participation group and it was agreed that opening times should remain as 8.30am.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had held a diabetic education lunchtime meeting for patients. This had been arranged by the practice, patient participation group and the visiting diabetes nurses. Following on from the success of this meeting a further talk for respiratory diseases was being planned for April 2019</p>	

Source	Feedback
Comments from patients	Patients we spoke with told us that they had plenty of time during consultations, that they felt able to contribute to any decision making and had enough information about choices they might have.

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)	98.7%	95.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had leaflets or posters displayed in the waiting area relating to areas such as the complaints process or availability of chaperones.</p> <p>The practice had a patient participation group information displayed in the waiting area.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 141 carers identified (around 2.2% of practice population)
How the practice supported carers.	The practice computer system alerted GPs and nurses if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: Staff could offer a separate private room where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and all staff had signed confidentiality agreement forms.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: There was onsite parking for patients with limited mobility. The access doors to the practice were wide enough for use by persons using mobility aids. Patients were seen on the ground floor. There were appropriate toilet facilities for all patients.	

Practice Opening Times	
Day	Time
Monday	8am – 6:30pm
Tuesday	8am – 7:30pm
Wednesday	8am – 6:30pm
Thursday	8am – 7:30pm
Friday	8am – 6:30pm
Any additional evidence or comments	
The practice was also part of a hub of GP practices that offered evening appointments until 9pm and weekend appointments. These appointments were not run from the practice but from separate locations in Leatherhead, Epsom and on the Downs.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6328	286	131	46%	2.07%

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)	96.3%	96.5%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

All older patients had a named GP who supported them in whatever setting they lived.

The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

The practice could signpost patients to local support groups.

Patients could receive text message appointment reminders.

People with long-term conditions

Population group rating: Good

Findings

Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.

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 patients 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 patients 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.

Children subject to protection plans were highlighted in clinical records.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments provided at a different location.

Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Patients were able to book appointments on-line and order repeat prescriptions. Patients were able to make online requests via the website.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

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 could accommodate those patients with limited mobility or who used wheelchairs.

The practice provided an auditory loop in the practice for those patients with hearing difficulties.

When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

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 in the area and signposted their patients to them.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	66.1%	N/A	70.3%	No statistical variation
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)	73.6%	69.8%	68.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	70.8%	65.4%	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)	85.2%	77.5%	74.4%	No statistical variation

Any additional evidence or comments

Appointment reminders were sent to patients who had registered a mobile telephone number with the practice.

Source	Feedback
Patient interviews	We spoke with two patients who told us that access to GP appointments were good.

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.	0
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: The practice had received no complaints in the last year. We reviewed two complaints from the previous year. The practice had learned lessons from the individual complaints and had acted as a result to improve the quality of care.	

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: There was an open and inclusive leadership style within the practice and good teamwork observed as a result.	

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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: The management team had oversight of the service quality and performance. There were positive relationships between all team members.	

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

Source	Feedback
Staff interviews	All staff interviewed during the inspection were positive about working for the practice. Staff commented that they felt well supported by colleagues and the management team. They told us they were given the training, resources, and information they needed to carry-out their roles. Staff stated they felt respected, supported and valued. They were proud to work 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system. A process was in place to ensure these were regularly reviewed and updated.
Designated Leads	Staff within the practice had designated leads which all staff were aware of. For example, the nurse was the infection control lead and the GP Partner was the safeguarding lead.
Audits	The practice completed clinical audits to improve outcomes for patients.
QOF	The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients.
Staff meetings	A meeting structure was in place and embedded which facilitated effective communication of any changes to the practice team. Significant events were discussed and the practice reviewed complaints.
Staff training	There was good management overview of staff training and development.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: Regular reviews took place of patients' medicines. Patients prescribed high risk medicines were monitored. All staff received an annual appraisal of their work, which included a discussion about their training needs. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Systems to respond to significant incidents and complaints were established and embedded. There was a system of reviewing significant events to identify possible themes or trends. Action was undertaken in response to patient safety alerts.	

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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the patient participation group. They told us that they had a core group of around 10 who met regularly and another group of around 74 that communicated via e-mail. The aims of the group were to create and improve two-way communications between patients, the practice and the community. They told us that felt communication between themselves and the practice were good and that they felt listened to. The PPG gave us examples of where the practice had listened to them and made changes in relation to their suggestions. This included changing the flooring in the waiting area, changing the curtains to have frosted glass instead and improving the phone system. They had also been instrumental in organising the talks given to diabetic patients and were in the process of planning the next talk for patients in April 2019.

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.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice held protected learning time sessions for staff. All staff received individualised training opportunities which were discussed at their appraisals.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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