

# Care Quality Commission

## Inspection Evidence Table

### St Paul's Practice (1-556578127)

Inspection date: 10 January 2019

Date of data download: 31 December 2018

## Overall rating: Good

Please note: Any Quality and 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 but safeguarding training was not fully embedded.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>On review of the practice's safeguarding adult and safeguarding children policies, we found discrepancies with the practice's online training provider's recommendations. Both policies stated safeguarding training should be completed every three years. The practice's online training provider stated the appropriate safeguarding modules for both adult and children should be completed annually by all staff.</p> <p>On review of the training log provided by the practice, we found two members of clinical staff had no record of completing Safeguarding Children Level 3 training or Safeguarding Adults Level 2 training. Since inspection, the practice has provided evidence that both clinicians completing the required safeguarding modules in 2018. A further seven members of staff were overdue their annual updates but within the three-year safeguarding requirements. We saw no evidence of harm to patients because of this.</p>	

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
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw the practice's group medical indemnity certificate included the most recently employed clinician.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 17 March 2018	Yes
There was a record of equipment calibration. Date of last calibration: 18 September 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: 26 February 2018	Yes
There was a log of fire drills. Date of last drill: 16 July 2018	Yes
There was a record of fire alarm checks. Date of last check: 19 November 2018	Yes
There was a record of fire training for staff. Date of last training: Online training modules.	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: 19 June 2017	Yes
Actions from fire risk assessment were identified and completed.	Yes

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 5 June 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 5 June 2018	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of additional safety checks as follows:</p> <ul style="list-style-type: none"> <li>• Fixed wire testing certificate dated 14 August 2016. (This was required on a five-yearly basis).</li> <li>• Emergency lighting check dated 20 August 2018. The emergency lighting check identified that one maintained emergency light situated outside fire exit had failed its check. The practice had replaced this.</li> <li>• BOC oxygen safety certificate dated 15 &amp; 28 November 2018.</li> <li>• Certificate of boiler service dated 14 August 2018.</li> <li>• Practice Lift maintenance certificate dated 16 October 2018. The maintenance check of the lift</li> </ul>	

recommended to have an upgrade on the shaft lighting.

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 19 December 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>The practice's most recent infection prevention and control audit, completed on 19 December 2018, identified the following actions:</p> <ul style="list-style-type: none"> <li>• Waiting room chairs and clinical consulting room chairs needed to be replaced with wipe-able material;</li> <li>• Two new clinical treatment room trolleys to be ordered;</li> <li>• Any clinical waste bins that do not open or shut correctly needed to be replaced;</li> <li>• A carpet in a consulting room needed to be replaced.</li> </ul> <p>The practice told us they had ordered the replacement trolleys and waste bins, and a plan was in place to replace the chairs and carpets. We were told a risk assessment was in place that stipulated no clinical procedures were to be undertaken in the consulting room that had a carpet.</p> <p>We reviewed the practice's external clinical waste. We found it to be in a secure but open-top compound but the storage bin was found to be unlocked. It was confirmed by the practice that the clinical waste had been collected the morning of the inspection. The practice has since confirmed that the practice had purchased a new chain and combination padlock for the clinical waste bin.</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	Yes

sepsis.	
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 in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

### 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) NHS Business Service Authority -	0.65	0.88	0.94	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
(NHSBSA)				
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)	9.9%	11.4%	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 guidance.	Yes
Staff had the appropriate authorisations in place 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 in place 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 in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
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 in place for verifying patient identity.	Yes
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

Medicines management	Y/N/Partial
There was medical oxygen and a defibrillator on site and systems were in place 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
<p>Explanation of any answers and additional evidence:</p> <p>We were told clinicians were responsible for removing any blank prescription stationery at the end of each day and securing them in a locked drawer overnight. However, on the day of inspection we could not obtain assurances that this process was consistently embedded. We raised the security of prescription stationery with the practice. Since inspection, the practice has confirmed they have purchased extra security measures for the practice printers. Until these measures were installed, the practice confirmed a single member of staff had been identified to be responsible for the removal and security of all blank prescription stationery each night.</p> <p>We saw evidence of a cold-chain audit completed by the practice on 18 April 2018. (Cold-chain refers to the process of medicines or vaccines that require unbroken refrigeration). No issues were identified in the audit.</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.	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:	54
Number of events that required action:	53
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us any new significant events were discussed at the weekly partner's meeting. Associated learning was cascaded to all staff via the monthly departmental meetings held within the practice or via direct email. The practice told us they hold a Significant Event review meeting twice a year that examined all previously reported incidents and identified themes for the practice to improve upon. We saw evidence of this review meeting.</p>	

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

Event	Specific action taken
Patient was identified to have had results for a diabetes diagnosis on two separate occasions but had not been formally	The practice found the patient by running a case-finding search. Upon investigation, the practice found:

diagnosed.	<ul style="list-style-type: none"> <li>• The initial results had been recorded a patient's previous practice but not acted upon.</li> <li>• The second results had been incorrectly coded as a monitoring test rather than a diagnostic test.</li> <li>• The test range blood result was noted to be 'normal' but that would have been so if the patient had already been diagnosed as diabetic.</li> <li>• The patient had not been informed of their diabetes diagnosis.</li> </ul> <p>The practice confirmed the patient was contacted, informed of their diabetes diagnosis and a further follow-up arrangement to discuss their new diagnosis and future treatment plans. No harm was identified to the patient.</p> <p>The practice discussed this incident at a partner's meeting and learning was cascaded to all staff the following day by email regarding the correct coding of blood tests and double-checking that a diagnosis is confirmed before adding a results comments.</p>
The practice's emergency alarm was activated during an immunisation clinic in treatment room on the first floor of the practice premises. Staff attended but did not bring the emergency equipment with them.	<p>The practice confirmed two emergency GPs as well as reception and administrative staff responded to the emergency buzzer. The patient quickly recovered without the need for emergency intervention, was re-assessed by the GPs and discharged home with no further complications.</p> <p>The practice confirmed a learning event was held to highlight the process of responding to the emergency buzzer by all staff and a follow up email was cascaded to all staff. We saw evidence of this email.</p>

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

## Effective

**Rating: Good**

### Effective needs assessment, care and treatment

**Patients' needs were, 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
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

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)	0.96	0.68	0.81	No statistical variation

## Older people

**Population group rating: Outstanding**

Findings
<ul style="list-style-type: none"> <li>The practice had access to a designated Proactive Care Team made up of a nurse and care co-ordinator. The team was responsible for the care planning, empowering patients, discharge support, and signposting for the 2% of the practice population identified as the most likely to be admitted to hospital.</li> <li>The Proactive Care Team also 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>The practice was an early adopter for the implementation of the National Early Warning Score (NEWS) system for the identification of sepsis in patients. (NEWS is a scoring system designed to support the quick assessment and response to acute or urgent illness). The practice supported local nursing homes to implement the same system for their residents. The local clinical commissioning group confirmed the practice was an early adopter of the NEWS system in practice</li> </ul>

and facilitator of the local nursing homes using the same system. This meant residents at nursing homes were receiving consistent assessment methods to access prompt medical treatment if required.

- The practice had implemented an innovative approach for the management of leg ulcers. Since 2017, the local care pathways for the management of leg ulcers had changed whereby specialist services could treat patients for four weeks before handing over to primary care. As a result of this, the practice saw an increase in patients with complex leg ulcers totalling 22 in 2016, rising to 33 in 2017. The subsequent total number of nurse appointments requiring treatment for leg ulcers rose from 498 in 2016, to 948 in 2017. This was a 227% increase in patient numbers requiring treatment in primary care.
- In response to this increase, the practice adopted an innovative approach to improve its leg ulcer service. This included the upskilling of more staff, improved methods of monitoring and continuity in the treatment room areas, improving infection control, and creating more efficient appointment timings. The health and safety of staff was reviewed as well as ways for improving healing rates, reducing recurrence rates and improving patient engagement and self-care.
- Part of that program included the installation of designated foot sinks in two of the practice's treatment room. This allowed nurses to clean legs without the need of buckets. The sinks had associated heated running water so patients' legs did not sit in contaminated water. The practice also implemented in-depth wound care templates with prompts on to what to do at each appointment, including the taking of wound photographs for comparison purposes. Monthly wound care meetings for the nurses and HCAs involved in the leg ulcer clinics were arranged with local specialist tissue viability nurses to discuss findings and complex cases.
- Since inspection, the practice has provided evidence of an audit in relation to leg ulcers. In 2016 and 2017, prior to the installation of the foot sinks, the practice's recurrence rate of leg ulcers within 12-24 months, was more than 86%. In 2018, the recurrence rate for the same period had reduced to 42%.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice was ranked the highest in the local clinical commissioning group area in relation to the uptake of the seasonal flu vaccine for patients aged over 65 years.

## People with long-term conditions

## Population group rating: Good

### Findings

- The practice's exception reporting for all long-term conditions was lower than local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- 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. All of the practice's nurses have been trained in the management of all long-term conditions but have their own lead areas. This means patients can access appointments with any practice nurse without needing to wait for a specific clinic, as well as receiving the same information and knowledge in the management of their long-term conditions.
- Three of the practice nurses had been trained in the initiation of insulin to support patients diagnosed with diabetes, reducing the need for those patients to be referred to specialist clinics.
- 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)	79.3%	78.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	8.2% (44)	15.7%	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)	79.0%	77.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.8% (42)	12.8%	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)	84.1%	81.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.2% (71)	16.0%	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)	76.4%	75.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (10)	11.5%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.1%	90.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.2% (24)	15.2%	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)	83.9%	81.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.9% (69)	5.1%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	89.5%	91.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.4% (20)	6.2%	6.7%	N/A

## 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)	208	213	97.7%	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)	187	206	90.8%	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)	192	206	93.2%	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)	187	206	90.8%	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 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.

Cancer Indicators	Practice	CCG average	England average	England comparison
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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)	75.1%	76.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.3%	76.8%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.9%	64.7%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	81.6%	74.7%	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)	42.0%	54.0%	51.9%	No statistical variation

### Any additional evidence or comments

During the inspection, we discussed the practice's performance with regards to the percentage of two-week wait referrals completed by the practice. (Two-week wait referrals are specific urgent referrals for those patients suspected of having symptoms of cancer and require prompt evaluation by specialist teams). The practice was not initially aware of their performance figure but upon discussion felt the result may be low due to their patient demographic. For example, the practice was identified to be a 10 on the index of multiple deprivation decile according to Public Health England (the index states 10 to be the least deprived). As well as higher than local and national averages of patients in paid-work or full-time education. As a result, the practice concluded it would have been likely that many of their patients had chosen to go through a private referral process. The practice confirmed it intended to audit its two-week wait referrals in the future but we had not received evidence of this during the inspection process.

### 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 homeless people and 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's exception reporting for all mental health indicators was lower than the local and national averages.
- 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.
- Out of a total of 37 staff members, 20 were recorded to have received dementia training to support patients living with dementia.

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)	90.6%	87.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	3.8% (5)	13.0%	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)	90.7%	88.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.0% (4)	11.7%	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)	86.6%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.5% (6)	6.6%	6.6%	N/A

## Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. However, the implementation of recommendations resulting from audits was not consistently embedded.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	-	537
Overall QOF exception reporting (all domains)	3.8%	5.4%	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.	Partial

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

- We saw evidence of foot sinks, with associated heated running water facility, having been installed in two of the practice's treatment rooms. These foot sinks were used in the care and treatment of patients with leg ulcers. The practice reported the foot sinks had helped to increase healing rates, reduce the recurrence rates of new leg ulcers, as well as improving health and safety and infection prevention and control at the practice.
- The practice regularly used data systems to monitor the practice's progress both locally and nationally. For example, we saw evidence of an asthma dashboard.
- We saw evidence of antimicrobial stewardship audits delivered by the local clinical commissioning group (CCG) which monitored the practice's antibiotic prescribing rates. This was compared to local practices in the same CCG area.

### Any additional evidence or comments

We saw evidence of the practice's medical students completing comprehensive audits under direction from the practice. However, there was minimal evidence to demonstrate that these audits had been shared with, or had led to improvements within the practice.

The audits undertaken by the GPs at the practice, although comprehensive, did not always demonstrate a clear strategy for improvement. For example, a two-step cycle audit on sore throats was initially undertaken in the winter period and then repeated in the summer period. Direct comparisons from similar time periods were not available as a result, and the audit itself did not offer specific recommendations on how to improve clinical practice, rather it highlighted an issue to improve. The audit examined the practice's antibiotic prescribing rates in relation to acute tonsillitis, as well as identifying the correct use of a scoring system for those that were treated with antibiotics. The initial audit identified a total of 45 patients with acute tonsillitis. Of those 45, 34 were prescribed antibiotics, and of those 34, six had a documented Centor score. (Centor score is a clinical scoring tool that can help to identify the patients who

may benefit from antibiotics when experiencing a sore throat. A score of 3 or above is eligible for antibiotics). The clinician undertaken the audit identified a further eight patients not prescribed antibiotics, who had a score of 3 or more. In the second cycle, undertaken in June, 24 patients were identified, 14 of which had been prescribed antibiotics, and four of those 14 patients had been scored using the Centor score. A further five were documented to have a score of 3 or more and would have benefitted from antibiotics.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. However, the recording or completion of recommended training was not fully embedded.**

	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. This 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, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The training log maintained by the practice showed that not all staff were consistently up to date with all the practice's recommended training modules:</p> <ul style="list-style-type: none"> <li>• Out of a total of 37 staff members, one non-clinical staff member did not have a record of completing Basic Life Support (BLS) training from the previous 12 months. The practice's online training provider guidance stated all staff should complete BLS training every 12 months.</li> <li>• Two staff members were overdue their annual update for infection prevention and control (IP&amp;C) training. The practice's online training provider guidance stated all staff should complete IP&amp;C training every 12 months.</li> <li>• All 37 members of staff had completed a training module in Fire Safety within the previous 24</li> </ul>	

months. The practice's online training provider guidance stated all staff should complete fire safety training every 36 months.

- Out of a total of 37 staff members, 32 had completed their annual update for Information Governance (IG) training. The practice's online training provider guidance stated all staff should complete IG training every 12 months.
- Out of a total of 37 staff members, 17 had completed a training module regarding the Mental Capacity Act within the previous 12 months. The practice's online training provider guidance stated all staff should complete Mental Capacity Act training every 12 months.
- All 11 receptionists at the practice had completed a training module regarding sepsis awareness within the previous six months. The practice's online training provider guidance stated all receptionists should complete sepsis awareness every two years.

It was noted all staff had previously completed training modules as recommended by the practice, but the annual updates had not been documented. Staff we spoke to on the day demonstrated appropriate knowledge and awareness.

## 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

## 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

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)	95.2%	94.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (28)	0.7%	0.8%	N/A

#### Any additional evidence or comments

During an observation session in the practice's waiting room, it was noted that the practice's electronic sign in system asked patients for their smoking status when confirming their attendance for an appointment. Information collated in this way was later used by the practice to support patients to access services that promoted healthy living.

### 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

## 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

CQC comments cards	
Total comments cards received.	2
Number of CQC comments received which were positive about the service.	2
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
CQC Comment cards	Patients who completed positive comment cards said that all staff at the practice were kind, considerate, and professional.
NHS UK website	The practice was rated 4.5 out of 5 stars on the NHS UK website, based on 23 reviews, dating back to May 2017. Of those 23 reviews, 22 of those ratings scored the practice 4.5 out of 5 stars for dignity and respect. Comments made by some patients stated all staff were kind, professional and accommodating. Other patients reported staff had been unfriendly.

Any additional evidence or comments
The practice created an online survey in December 2018 and January 2019 to gain feedback regarding patient experience. The total number of responses to the survey were 347 responses. Comments submitted in response to being treated with dignity and respect via the survey included staff being professional and kind. Clinicians were identified as being compassionate and caring, while receptionists were identified as helpful. Clinicians were reported to have proactively contacted patients to offer condolences, advice, or information. Patients described being treated as people not a number. However, some comments reported receptionists to be rude and obstructive, while some clinicians' approach to patient interaction was described as disconcerting.

It was noted from the NHS UK website that the practice had not responded to eight of the 23 reviews left by patients. This had occurred between November 2017 and January 2018, and again from March 2018 to May 2018.

## 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
18,900	257	90	35%	0.48%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	94.6%	91.8%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	97.4%	91.0%	87.4%	Variation (positive)
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%	97.2%	95.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	94.8%	87.6%	83.8%	No statistical variation

Source	Feedback
CQC Comment cards	Patients who completed positive comment cards said that they felt involved with their care. Clinicians were reported to listen to patients concerns and preferences in treatment options.
NHS UK website	The practice was rated 4 out of 5 stars for involvement in decisions and 4.5 out of 5

	stars for providing accurate information. Comments made by some patients stated all staff were kind, professional and accommodating. Other patients reported staff had been unfriendly.
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#### Any additional evidence or comments

Comments received via the practice's online survey in response to the Care Quality Commission's inspection included patients having confidence in the clinician they saw. Patients commented on how investigative results were promptly and efficiently acted upon, such as high blood pressure results. Some patients stated they had not access the practice's service mainly as they did not feel their issues were addressed appropriately, for example, one issue per appointment, and clinicians were not viewing multiple issues in a holistic way.

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

#### Any additional evidence

We saw evidence of the practice's latest online patient survey completed in 2018. The survey was accessed by 526 patients and included 28 questions for patients to answers. The questions were documented to have either been answered or skipped. Some of the results of survey included:

- When asked if patients were made to feel welcomed and relaxed, 60% replied 'extremely', and further 33% replied 'very', and approximately 3% replied 'not very'.
- When asked how much trust patients had in a recent clinician's appointment to make medical decisions that were based in their best interests, 68% replied with 'a great deal', a further 26% stated 'a lot' and approximately 1% stated 'not at all'.
- When asked what was more important to a patient when booking a routine appointment, approximately 57% replied continuity of care, for example seeing their registered GP. Whilst approximately 43% stated access, or the earliest appointment which may not be with the patient's registered GP.

We saw evidence of an action plan created by the practice in response to results from the 2018 patient survey. In response to patients preferring improved continuity of care, the practice adjusted their online patient access booking system. This meant patients could only see the slots available for their named GP. Reception staff were reminded to offer patients a routine appointment with their named GP first before offering the next available appointment.

Other areas noted from the patient survey included in the action plan was to streamline the practice's repeat prescribing process to be within 72 hours and responding to patients' request for notifications via text message rather than by letter initially.

#### 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
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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)	97.4%	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.	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.	The practice had identified 242 patients that were also carers. This represented approximately 1% of the practice patient's population.
How the practice supported carers.	The practice supports carers with an NHS health check and seasonal flu vaccine. The health checks included information on maintaining good health for carers as well as local and national support groups.
How the practice supported recently bereaved patients.	The named GP would contact recently bereaved patients either by telephone or with a home visit. All recently bereaved relatives would have an alert added to their record notifying staff accessing the record of their recent bereavement to maintain sensitive contact. The practice encouraged voluntary support groups for those recently bereaved and monitored patients for any associated health conditions.

Any additional evidence or comments
The practice told us they had been involved in the creation of the new 'Carers Crisis' pack alongside Hampshire County Council. The pack was designed to proactively support local carers prior to a 'crisis', such as unexpected hospital admission for the carer.

## Privacy and dignity

### The practice respected respect 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
There were arrangements to ensure confidentiality at the reception desk.	Yes

## 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.	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-6.30pm
Tuesday	8.00am-6.30pm
Wednesday	8.00am-6.30pm
Thursday	8.00am-6.30pm
Friday	8.00am-6.30pm

Any additional evidence or comments
Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Monday to Friday 5.00pm until 8.00pm, Saturdays 8.00am to 4.00pm and Sundays 8am until 12noon. Information about out of hours care was available on the practice's website.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18,900	257	90	35%	0.48%

Indicator	Practice	CCG average	England average	England comparison
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Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	97.2%	96.3%	94.8%	No statistical variation

## Older people

Population group rating: Good

### Findings

- The practice told us they held meetings with the 14 local nursing homes and palliative care providers every quarter to assess the needs of those patients.
- The practice told us they had links with several local voluntary services as well as befriending schemes to support these patients.
- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

## People with long-term conditions

Population group rating: Good

### Findings

- The practice told us they facilitated Quit4Life smoking cessation clinics on site for patients to access.
- The practice told us they held a variety of educational evenings for patients with long-term conditions, to support patients to understand and monitor their own health needs.
- Patients with multiple conditions had their needs reviewed in one appointment, utilising the Make Every Contact Count scheme (MECC). (MECC comes from Health Education Wessex is a tool used by organisations to maximise on the opportunities they have with the public in promoting health and enabling the public to make changes to improve health and well-being).
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## Families, children and young people

Population group rating: Good

### Findings

- Practice nurse appointments were available until 6.30pm every day for school age children so that

they could attend outside of school hours.

- 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.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

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

**Population group rating: Good**

#### **Findings**

- The practice had implemented a Short Message Service (SMS) via its MJOG text messaging system to collect patient information upon registering with the practice.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- Information about out of hours care was available on the practice's 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 and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Good**

#### **Findings**

- The practice told us they had achieved their Dementia Friendly practice accreditation.
- Local university students registered at the practice and experiencing poor mental health were able to access support from the practice in requesting additional financial funds from the university to aid their studies.
- 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 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

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)	94.8%	-	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	86.0%	74.7%	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)	77.7%	68.6%	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)	81.0%	78.7%	74.4%	No statistical variation

### Any additional evidence or comments

On the day of inspection, 10 January 2019, we reviewed the practice's availability for appointments. We found

- The next available routine appointment with a GP was 16 January.
- The next urgent or on the day appointment with a GP was at 3.40pm on the day of inspection.
- The next available appointment with a practice nurse was 11 January.

Source	Feedback
CQC Comment cards	Patients who completed positive comment cards said that all staff took the time to listen to concerns, receptionists and clinicians alike. Appointments were available as required and telephone call-back requests were all returned in a timely way.
NHS UK website	On the NHS UK website, the practice was scored 4 out of 5 stars for appointments in 21 reviews, and 4 out of 5 stars for telephone access in 22 reviews. Comments made by some patients varied in stating appointments were available on the day of request and telephone calls were returned within an hour. Some stated a three week wait for an appointment that required another appointment with a different clinician. Patients stated prescriptions had been made available the same day as requested while others stated repeat prescriptions were not handled appropriately. Other patients had commented on the difficulty they had experienced in access healthcare services at the practice outside of primary care, for example, midwifery services.

### Any additional evidence or comments

On the day of inspection, we saw evidence of midwifery services using a room at the practice twice a week.

Comments received via the practice's online survey regarding access to the practice included patients being able to access appointments as they needed, particularly in urgent cases. Comments relating to non-urgent appointments reported a waiting time of three to four weeks. Patients stated named GPs were offered but due to waiting times, were willing to have the next available appointment with a different clinician in order to be seen quicker. Many patients used online access to appointments or received telephone call-backs in a timely way to deal with their concerns instead.

The practice told us it was regularly monitoring the waiting times for appointments for its patients. The practice was aware that its patient population had increased in recent years and as such, the demand for more appointments was rising.

### 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.	21
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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
Infectious patient seen at the practice but given confusing information about where to wait for their appointment.	The practice apologised to the patient and family. The complaint was discussed at the next partners' meeting, held two days later. The practice reviewed the infectious diseases policy and highlighted the correct protocol to all staff via email.
Practice received a complaint regarding an advertisement outside their building premises.	The practice confirmed the advertisement belonged to the pharmacy in the same building and transferred the complaint for the pharmacy to response to. No further action was taken by the practice.
Patient reviewed by a nurse for a prolonged ear infection and was informed no further treatment was required, despite reports of redness being present. Patient continued to deteriorate with the infection requiring a further appointment with the GP for more antibiotics.	The practice apologised to the patient and family. The complaint was discussed at the next partners' meeting, held five days later. Clinical staff were reminded to follow evidence-based guidelines and treat the symptoms presented appropriately.

## 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 in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice told us they had seen a 21% rise in their patient population in the previous four years and had adjusted the staff ratio accordingly. The practice told us they had recruited two new GPs partners, a new nurse practitioner and a new practice nurse as well as additional non-clinical staff in the previous two years in response to the increase in practice population. The practice's previous lead GP and registered manager had retired the week prior to the inspection. (A Registered Manager is an identified professional who is responsible for the carrying out of the regulated activities at a practice. A GP practice is required by their Care Quality Commission (CQC) registration to have a Registered Manager in post). A notification for the change of registered manager had been submitted to the CQC on 18 July 2018. However, this had not yet progressed to a full application. We raised this on inspection, and were informed the full application process was submitted on 31 December 2018. The now retired registered manager was confirmed as still legally accountable for the regulated activities of the practice until the new registered manager had been approved by the CQC.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice told us they regularly reviewed their position against local and national data. We saw evidence which showed the practice was in the top third of practices in the local clinical commissioning group's (CCG) with regards to the provision of NHS health checks, diabetes prevention, cervical screening, online services, child immunisation uptakes, e-referral usage and electronic prescription	

service usage.

The practice closely monitored its exception reporting. This was demonstrated in the practice's Quality and Outcomes Framework (QOF) results which showed the practice had achieved lower than the local and national averages for exception reporting in all long-term conditions and mental health indicators.

The practice told us their practice manager was identified as the 4<sup>th</sup> best practice manager at the 2017 Management in Practice national conference. (Management in Practice is a national network supporting those in the management of general 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

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

Source	Feedback
Staff Interviews	Staff told us they felt supported by the practice, managers and clinical team alike. Staff told us managers were open and honest, and encouraged staff feedback. Managers had an open door and no-blame culture; all events, complaints, concerns, and feedback accounts were learning opportunities.
Staff questionnaires	Staff stated they enjoyed coming to work; they felt supported and stated the practice was good at keeping all staff up to date with changes and new information. Staff confirmed they could raise any concerns and were confident that their concerns would be addressed. Staff confirmed their views were listened to and acted upon by the practice. Managers were reported to be approachable and open. However, some staff stated they were feeling overwhelmed and felt they had not been adequately trained for the role they had been employed to do as the workload kept increasing.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management. However, records provided by the practice relating to staff training demonstrated this was not consistently embedded**

	Y/N/Partial
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There were governance structures and systems in place which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The training log maintained by the practice demonstrated that staff were not consistently completing their training modules as recommended by the practice. However, when we asked the practice to provide evidence to demonstrate that clinicians had the appropriate safeguarding training relevant to their role, the practice were prompt in responding with the requested evidence. This indicated that it was not an issue with staff completing the training, rather the recording of the completed training modules was not consistently embedded.</p>	

## Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance but the practice's strategy for clinical audits was not fully embedded.**

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We were provided with audits completed by the practice, but the implementation of the results following such audits was not consistently demonstrated. In addition, changes in practice had not been consistently and proactively audited to demonstrate that improvements had been achieved. However, when asked for such evidence, the practice was prompt in gathering appropriate data and supplying a comprehensive audit to demonstrate improvement. For example, the improvement in the practice's recurrence rate of leg ulcers following the implementation of foot sinks in the treatment rooms, alongside the introduction of new methods in supporting the practice's treatment of leg ulcers.</p>	

## 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

#### Any additional evidence or comments

The practice remained in the process of adding three new partners to its Care Quality Commission registration certificate.

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We received feedback about the practice from a variety of sources. For example:</p> <ul style="list-style-type: none"> <li>A local tissue viability nurse described the practice as responsive and proactive in achieving better outcomes for their patients.</li> <li>The local clinical commissioning group (CCG) described the practice as well-engaged with the CCG, and has an emphasis on innovation, quality and continual quality improvement.</li> <li>A local practice described the practice as having strong, effective leadership, which had progressed into a well-run and organised business. Local practices were reported to look to St Paul's Practice for positive inspiration and learning opportunities.</li> </ul> <p>The practice told us they shared information with local practices, for best practice purposes, and local colleagues were reported to visit the practice to see systems and processes in use.</p>	

#### Feedback from Patient Participation Group.

#### Feedback

The practice told us they did not have active patient participation group which met face to face. Instead they had access to a virtual patient reference group amounting to more than 1,000 patients. The practice told us they created online surveys, of which a link would be sent to the virtual group for responses to be gained. The surveys would include topics such as possible future changes to services at the practice. The virtual group were not informed of any incidents, significant events or complaints received by the practice.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

### Examples of continuous learning and improvement

The practice told us that management staff have attended appropriate ILM leadership courses to develop their roles. Additional staff at the practice have been upskilled to develop their roles, including National Vocational Qualification (NVQ) Diplomas and Masters degrees.

Following inspection feedback, the practice provided evidence that demonstrated they had shared their learning from the inspection with external stakeholders. For example, the inspection noted that the practice's Patient Group Directives (PGDs) had been authorised by the now retired Registered Manager and lead GP partner, who retired the week before. This was noted on inspection to be an administrative oversight, and the Registered Manager still retained legal accountability until the new Registered Manager was confirmed. The practice confirmed an exit checklist for a GP partner had not included the review of PGDs so they promptly contacted the local medical council to request for this check be added in the future. We saw evidence which demonstrated the Wessex Local Medical Committees had added a specific check covering PGDs to its Partners – Retiring and New checklist.

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:  
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

**Glossary of terms used in the data.**

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.