

# Care Quality Commission

## Inspection Evidence Table

### Witterings Medical Centre (1-557506001)

Inspection date: 8 February 2019

Date of data download: 28 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 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.	
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

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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

<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: March 2018	Y
There was a record of equipment calibration. Date of last calibration: July 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/A
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: December 2018	Y
There was a log of fire drills. Date of last drill: June 2018	Y
There was a record of fire alarm checks. Date of last check: February 2018	Y
There was a record of fire training for staff. Date of last training: All staff had completed on-line fire training in the last year	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: February 2019	Y
Actions from fire risk assessment were identified and completed.	Y

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: May 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Y
Explanation of any answers and additional evidence: The practice had undertaken a comprehensive range of risk assessments which included lone working, occupational driving, occupational stress, staffing levels, violence against staff and working at height.	

## 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:	Nov 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice nurses had an infection control checklist which they completed daily for each of the treatment rooms.</p> <p>All staff completed on-line training on infection control. The infection control lead provided handwashing training once a year for all practice staff.</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.	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 another 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

## 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

## 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)	0.93	0.93	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)	10.8%	10.3%	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

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process 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.	Partial
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 employed a pharmacist in the post of Medication Manager. They had undertaken an audit of medication policies and procedures and had implemented several improvements. This included the identification of three staff members only who could issue medication and, for patients taking opioid medication, the practice ensured that no more than 30 days of medication was issued.</p> <p>The practice authorised the prescribing of anti-coagulant medicines to relevant patients for a whole year. However, the GPs relied on the hospital to identify the required dose and to make sure patients were up to date with required blood tests. Therefore, the GP authorising the medicine would not know if the patient required a blood test in three weeks' time or if they were taking the correct amount. This meant that appropriate monitoring and clinical review prior to prescribing was not always failsafe and relied on the hospital and patient to ensure blood tests were up to date. The practice had recognised this as a locality wide issue and something that needed further discussion with the acute hospital trust to ensure the required clinical information about patients was routinely sent to GPs.</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:	9
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a policy for reporting and acting on significant events.</p> <p>There was a standard form for reporting significant events which staff could be complete on-line or in writing.</p> <p>There was evidence that significant events were discussed and the learning shared at practice meetings.</p>	

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

Event	Specific action taken
A fridge used for storing vaccines was accidentally switched off.	Staff followed the practice's cold chain protocol. However they discovered that the memory card for recording the fridge temperature was faulty. They were therefore unable to confirm that the correct fridge temperature had been maintained. The practice contacted the vaccine manufacturers who confirmed the vaccines were safe for use. A new memory card was activated to ensure correct temperature logging. Covers for the fridge plugs were also purchased to prevent the electricity supply being switched off by accident.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager ensured that medicines and safety alerts were circulated to relevant staff. The GP lead for medicines management ensured appropriate action was taken and kept a central record of this. Medicines and safety alerts were discussed at clinical meetings.</p>	

# 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) <small>(NHSBSA)</small>	0.76	0.77	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. The practice worked with a multi-disciplinary team to develop anticipatory care plans that aimed to prevent unnecessary admission to hospital.</li> <li>The practice employed a nurse practitioner to provide specialist care to all the residential homes and housebound patients. With a background in community care, the nurse practitioner could provide a more holistic overview of their clinical needs.</li> <li>A weekly visit to local care homes was undertaken to ensure that patients had up to date care plans which focused specifically on mobility, falls risk assessments and end of life care preferences.</li> <li>The practice could demonstrate that there has been a decrease in the number of A&amp;E attendances for both medical exacerbations and infection or injury over the past two years.</li> </ul>

**Findings**

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- A diabetes nurse specialist from the local hospital held a monthly clinic at the practice

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>	79.1%	83.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.9% (112)	17.8%	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>	77.0%	77.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	14.7% (97)	16.1%	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>	82.4%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	20.1% (133)	22.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
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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)	66.1%	68.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.1% (8)	15.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	77.0%	81.9%	89.7%	Variation (negative)
Exception rate (number of exceptions).	4.7% (9)	15.8%	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)	69.8%	78.8%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	2.5% (50)	6.2%	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)	84.3%	87.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.2% (17)	6.8%	6.7%	N/A

#### Any additional evidence or comments

The practice was aware that performance against indicators for COPD and hypertension were lower or significantly lower than average. This was due to a reduction in the number of practice nurse hours available. However, the practice had been able to rectify this and we saw that current performance against these indicators showed an improvement (this data was unverified by CQC).

**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 and midwives when necessary.
- The practice provided comprehensive sexual health and contraception services.

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) <small>(NHS England)</small>	59	60	98.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	56	66	84.8%	Below 90% minimum (variation negative)
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) <small>(NHS England)</small>	58	66	87.9%	Below 90% minimum (variation negative)
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) <small>(NHS England)</small>	58	66	87.9%	Below 90% minimum (variation negative)

## Any additional evidence or comments

Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets for 3 out of the 4 indicators. The practice told us that they felt this was due to a data error as the figures we presented did not reconcile with their own and that uptake rates were high amongst the local population.

Working age people (including those

Population group rating: Good

## recently retired and students)

### Findings

- 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.

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)	73.4%	73.7%	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)	73.7%	72.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.4%	60.6%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	66.7%	64.4%	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)	50.6%	49.7%	51.9%	No statistical variation

### Any additional evidence or comments

The practice's uptake for cervical screening was 73.4%, which was similar to 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

- The practice identified patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice provided enhanced reviews for patients with learning disability.

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

Population group rating: Good

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Over the past year the practice had focused on improving the care of patients with dementia and had increased the prevalence rate. The number of patients having an annual face to face review had increased from 77% to 81%.

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) <small>(QOF)</small>	92.1%	74.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.7% (6)	22.4%	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) <small>(QOF)</small>	95.3%	79.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.2% (5)	17.4%	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) <small>(QOF)</small>	80.5%	82.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (4)	9.2%	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)	502.9	529.3	537.5
Overall QOF exception reporting (all domains)	5.0%	7.3%	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

The practice had undertaken several quality improvement activities over the last two years. This included medication searches, a drug monitoring audit, a minor surgery audit, a nurse prescribing audit, the development of a chest pain protocol and the development of questionnaires for use when issuing contraceptive medicines.

The practice could demonstrate improvements because of these activities. For example, a review of patients receiving repeat medication led to a 6% reduction in number of patients with repeat medications and a significantly reduced risk of patients being issued repeat medication without prior authorisation from a GP. This led to improved patient safety and provided increased assurance about ongoing effectiveness of medicines prescribed.

### Effective staffing

**The practice could 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
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

Explanation of any answers and additional evidence:

The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, one of the practice nurses had been supported to train as a nurse practitioner and undertake a course on prescribing.

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received 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.	Y

## Helping patients to live healthier lives

### Staff were proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a Patient Information Centre on its premises which was manned by volunteers, mainly from the patient participation group. The centre provided patients with a wide range of health promotion and patient information leaflets and literature. Volunteers signposted patients to the various avenues of support available to them.</p> <p>The TV screen in the waiting area provided patients with information about health promotion.</p>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.8%	93.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (12)	0.8%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: The practice could demonstrate that consent was sought for interventions through the patient records. The practice ensured that written consent was sought for minor surgery procedures; the completed forms were then uploaded into the patient record. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.	

# Caring

# Rating: Good

## Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	20
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comments cards	<p>Most of the patients described the service they received from the practice as excellent. They commented that staff were professional, polite and caring. They told us they were treated with dignity and respect. They felt listened to and involved in decisions about their care. They commented that the premises were always clean and hygienic.</p> <p>Some patients commented that they sometimes found it hard to make an appointment when they wanted it and had difficulties getting through on the phone.</p>

## 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
10286	234	123	52.6%	1.20%



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)	87.3%	89.9%	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)	87.9%	88.5%	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)	97.1%	96.3%	95.6%	No statistical variation
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)	95.1%	86.0%	83.8%	No statistical variation

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

Any additional evidence
The practice utilised and analysed patient feedback from existing sources which included the Friends and Family Test, the national GP patient survey, NHS Choices and feedback from Health watch and the patient participation group. It had identified that overall patient feedback was very positive but that there was ongoing dissatisfaction with the appointment system. Because of this the practice planned to undertake a complete review of the appointment system so that improvements could be implemented.

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The practice had a Patient Information Centre on its premises where patients and carers were assisted	

to find further information about community and advocacy services.

### 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)	97.0%	95.0%	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Hearing loops were installed in communal areas.</li> <li>Pop-up alerts were added to patient notes if they had visual or hearing problems.</li> <li>All practice staff had completed training on the accessible information standard.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	The practice had 240 carers identified on its register which represented 2% of the practice list.
How the practice supported carers.	The practice encouraged patients to identify if they had caring responsibilities so that they could, with consent, be added to the carers register. The practice manager and administration manager liaised with the local carers support organisation. The practice had organised regular monthly carers drop in sessions and monthly appointments for carers to talk to the carers support teams. These sessions were advertised on the TV screen in the waiting area, in the patient participation group newsletter and on the local carers support team website. There was a range of information in the patient information centre for people with caring responsibilities.
How the practice supported recently bereaved patients.	If families had suffered bereavement, their usual GP contacted them by phone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.  For patients receiving end of life care their GP gave their relatives a direct

	number to contact them on.
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## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Telephone calls were taken in the back office and not at the front desk. There was a sign at reception that asked patients not to queue beyond a certain point to respect the privacy of patients speaking with the receptionist. There was a private room available for confidential conversations if required. Patients could use a self-check-in screen.</p>	

# 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: <ul style="list-style-type: none"> <li>The medical centre was wheelchair accessible with a lowered reception desk and wide doorways. It had height adjustable couches in all clinical rooms.</li> <li>There was also access to a quiet room for anyone who felt vulnerable sitting in the waiting room.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	9am-7pm
Tuesday	8.30am-5.30pm
Wednesday	8.30am-7pm
Thursday	7.20am-5.30pm
Friday	7.20am-5.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10286	234	123	52.6%	1.20%

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)	95.9%	96.1%	94.8%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All elderly, frail 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. This included flu vaccinations at home for patients who were housebound.
- The practice hosted a volunteer transport service on its premises which provided a door to door transport for essential visits to the hospital, the dentist and opticians for older patients who could not drive themselves.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions could have their needs reviewed in one longer appointment.

### Families, children and young people

### Population group rating: Good

#### Findings

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had received a 'Mental Health Pace Setter' award from a national mental health charity and the local clinical commissioning group for the provision of information on postnatal depression to new parents. As well as being asked about their mental wellbeing at the six-week postnatal check, written and verbal information and advice was provided at immunisation clinics and in the patient information centre.

### 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.
- The practice had extended hours appointments which included early morning appointments and evening appointments with GPs, nurses and health care assistants. It also worked with other practices in the locality to provide extended hours and hosted one clinic a week in addition to its own extended hours service.
- Online booking services were available to all adults and 24% of patients had signed up for online access.

### People whose circumstances make them vulnerable

### Population group rating: Good

## Findings

- The practice could refer vulnerable patients to a social prescriber who was based at the practice. The social prescriber worked with individual patients to provide support on a range of issues such as loneliness, housing, employment and retraining, debt management and benefits. The focus was to work with the patient on 'what matters to me'. Adopting a holistic approach to health and wellbeing and building upon an individual's resilience and social connectedness.
- The Citizens Advice Bureau held regular clinics at the practice
- The practice had identified social isolation as a key factor in vulnerability. It provided a space for several community groups to meet including 'Knit and Natter', "VIP" and weight loss workshop groups

### 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 had become 'dementia friendly' as part of an initiative to improve the experience of being in a GP surgery for patients suffering with dementia. Ten staff members were trained as 'dementia friends'.
- The patient participation group had organised a dementia support evening for relatives and carers
- Patients could access services provided by mental health liaison practitioner from the local community health team and NHS counsellors on the practice premises.

## Timely access to the service

### People could 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 necessary.	Y
Explanation of any answers and additional evidence: The receptionists kept a list of patients requesting a home visit for that day which they forwarded to the GPs, who reviewed and prioritised their visits accordingly.	

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)	75.8%	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)	74.8%	71.1%	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)	81.9%	67.0%	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)	84.2%	77.9%	74.4%	No statistical variation

## 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.	18
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
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

Example(s) of learning from complaints.

Complaint	Specific action taken
The smoking status of a patient had been incorrectly recorded in their notes	Relevant staff received update training on the correct template to use for recording the smoking status of patients.



## 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: Leaders clearly understood challenges to quality and sustainability and worked closely with other practices in the locality to address these. For example, working collaboratively with other GP practices in the locality to provide extended hours services and the investment in ongoing pharmaceutical input to each practice. There was evidence of proactive succession planning with the retirement of several GP partners over the last two years and one due to retire in 2019. A new senior partner had been nominated and each partner had been allocated lead responsibility for key areas which included medicines management, safeguarding and training. Staff told us that leaders were visible and approachable and that they felt valued. The practice leaders told us they operated an 'open door' policy for staff.	

### 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
Explanation of any answers and additional evidence: The practice had a clear ethos to provide exemplary holistic care to patients from all ages and backgrounds. Every member of the team aimed to act with compassion and courtesy always to patients and each other.	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>There was a strong emphasis on the well-being of staff. The practice had organised a corporate discount at a local health club. There were regular in-house health assessments for staff provided by a well-being counsellor. The practice had organised wellbeing training for protected learning sessions which included mindfulness, yoga and meditation. Staff had all the equipment they required for safe working, this included orthopaedic kneeling chairs which had been provided on request. The whole practice celebrated milestone birthdays for staff.</p>	

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

Source	Feedback
Staff questionnaire Interviews with staff	<p>Staff told us they enjoyed working at the practice and that it was a happy, friendly and pleasant place to work. They felt valued and cared for and said they were always encouraged to develop and take up training opportunities.</p> <p>They told us they felt listened to and that managers sought acted on their feedback. For example, there was a staff suggestion box whereby staff could put forward ideas or raise concerns. Because of staff feedback the GPs had appointed prescription clerks to make the process from requesting to issuing prescriptions more efficient. Staff told us they could raise concerns without fear of retribution and had confidence that issues raised would be dealt with.</p> <p>Staff told us they were well informed and had regular team and practice meetings as well as training events. The practice manager also produced a monthly internal newsletter for staff.</p> <p>They felt their personal wellbeing was looked after and that they were supported to take sick leave or compassionate leave if required. They enjoyed regular social events for example Christmas and birthday celebrations.</p>

## 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
Explanation of any answers and additional evidence:  There was a clear governance and management structure in place. Lead roles were clearly identified and communicated to staff. There was a clear structure of meetings which included weekly doctors' meetings, monthly practice meetings, monthly nurse meetings and regular educational sessions.	

## 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

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice utilised and analysed patient feedback from existing sources which included the Friends and Family Test, the national GP patient survey, NHS Choices and feedback from Health watch and the patient participation group.</p> <p>Feedback from staff was actively sought and acted on via meetings and the staff suggestion box.</p>	

Feedback from Patient Participation Group.

Feedback
<p>We spoke with a representative from the patient participation group (PPG) who told us that they met regularly with the practice. They had also had email distribution to nearly 1500 patients which enabled them to share information about the practice and the PPG and invite feedback. They told us that they worked with the practice on various issues and at present were involved with updating the new patient registration pack. They told us they felt that the practice listened to patient views and acted on them, for example, ongoing improvements to the appointment system.</p>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had undertaken several quality improvement activities over the last two years. This included medication searches, a drug monitoring audit, a minor surgery audit, a nurse prescribing audit, the development of a chest pain protocol and the development of questionnaires for use when issuing contraceptive medicines.</p> <p>It had been awarded a 'Mental Health Pace Setter' award from a national mental health charity and the local clinical commissioning group for the provision of information on postnatal depression to new parents.</p> <p>The practice was also actively involved in clinical research was taking part in several clinical trials which it felt was important in helping find new and innovative treatments. It had secured funding for a research co-ordinator for the local clinical network.</p>	

## 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.