

Care Quality Commission

Inspection Evidence Table

Spring Farm Surgery (1-1099743619)

Inspection date: 5 March 2019

Date of data download: 21 February 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice now kept a record of staff immunisations. • We saw evidence of indemnity insurance for the two permanent doctors one for three sessions a week and one for four sessions a week only. We confirmed with staff that the locum doctor covered other clinical appointment sessions. • However, it was not clear from the information provided whether the indemnity insurance included cover for one of the permanent doctors who carried out telephone consultations on an extra morning above that described in their indemnity insurance. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 19 June 2018	Y
There was a record of equipment calibration. Date of last calibration: May 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: May 2018.	Y
There was a log of fire drills. Date of last drill:	Y
There was a record of fire alarm checks. Date of last check: 27/02/2019	Y
There was a record of fire training for staff. Date of last training: Smoke alarms – Weekly checks seen.	Y
There were fire marshals.	Y
A fire risk assessment had been completed.	Y

Date of completion: 27 October 2018	
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	N
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 30 January 2019	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The health and safety risk assessment covered any premises issues. • The most recent annual gas safety was carried out on 5 June 2018 • The five-year electrical wiring certificate was carried out on 10 August 2016. • A legionella risk assessment had been carried out by an independent firm in 2018 and was due for review in May 2019, we saw evidence that monthly water checks were carried out. • Public Liability insurance was in place until August 2019. • Risk policies and procedures had been reviewed. 	

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: 12 October 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were offered flu vaccinations. 	

Risks to patients

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

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

There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The locum pack last was reviewed December 2018. • Non- clinical staff had received information about sepsis on 24 March 2019, they confirmed they had received this annually. • The practice had taken into consideration the issues of cover when employing a single practice nurse. 	

Information to deliver safe care and treatment

Staff mostly 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	Y

needed for their ongoing care was shared appropriately and in line with relevant protocols.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had moved to a new computer patient record system in May 2018 and had not been able to transfer all the patient's letters onto the new computer database. They had reported this to the local Clinical Commissioning Group and were awaiting this to be corrected. In response to the issue they had continued with the previous computer patient record system to ensure that the GPs were able to access old patient documents if needed. The practice manager explained that the practice nurse reviewed and summarised the patient's care record when they joined the practice. However, whilst they had been away this had not been carried out. At the time of the inspection the practice manager discussed how this issue could be addressed by training other staff. On the day of the inspection there was conflicting information about what patient documents the GPs reviewed prior to filing them. The practice manager agreed to review the procedure to ensure that it reflected staff practices and provided a safe consistent approach. 	

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)	0.70	0.86	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)	8.6%	11.2%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	7.88	6.52	5.64	Variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.06	2.02	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Due to staff absence the practice had employed an advanced nurse practitioner in the last two weeks, they had therefore not put into place a system to review their medical prescribing. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> The practice did not have controlled drugs on the premises. We reviewed nine patient records who were taking high risk medications and found the practice had carried out the required blood tests. The practice had carried out for 2018 to 2019 a prescribing incentive scheme that reviewed antimicrobial prescribing. The practice provided unpublished data that demonstrated at the end of the third quarter for 2018 the total number of prescribed antibiotic was lower than the national average. 	

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.	10
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:	10
Number of events that required action:	8
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a significant event register, however this would have benefited clearer descriptions of the issues and the learning. 	

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

Event	Specific action taken
Two week waits referral was cancelled by the electronic referral system and delayed due to cancellation.	A member of the non-clinical team now makes all appointments and follows up all urgent appointment on the electronic referral system.
Oxygen was needed by a young patient however the GPs had difficulty using this because the bolt was tight.	This was discussed at a practice meeting and actions taken to ensure staff were trained how to use the oxygen.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

The practice had carried out searches on the computer system to identify when a safety alert affected a patient, however they had not always saved evidence of this.

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
Explanation of any answers and additional evidence:	

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>	0.59	0.74	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice had a lead GP for older people.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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)	87.0%	72.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	20.6% (54)	12.0%	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)	83.1%	79.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.6% (20)	8.7%	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)	85.7%	73.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	35.9% (94)	13.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	75.9%	76.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.3%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.1% (1)	8.8%	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)	82.8%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.0% (15)	3.5%	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)	100.0%	86.0%	90.0%	Significant Variation (positive)

Exception rate (number of exceptions).	1.4% (1)	6.3%	6.7%	N/A
--	-------------	------	------	-----

Any additional evidence or comments

- Following the previous inspection in 2018 where the high level of exception reporting was discussed the practice has carried out an audit of patients who were exception reported due to not attending appointments and have reduced the number of patients who were exempted.
- The GPs had training on QOF and now understand what can be exempted.
- The practice manager also explained that the coding of patients diagnosis at the practice had improved and this would have reduced the level of exceptions.

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 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 and found that children rarely missed appointments.
- The practice carried out six-week post-natal checks following childbirth.

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)	57	59	96.6%	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)	77	84	91.7%	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)	81	84	96.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR)	81	84	96.4%	Met 95% WHO based target (significant variation positive)

(01/04/2017 to 31/03/2018) (NHS England)				
--	--	--	--	--

Any additional evidence or comments

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
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)	69.6%	72.8%	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)	69.3%	74.1%	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)	61.9%	53.0%	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)	55.6%	73.1%	70.2%	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)	62.5%	59.8%	51.9%	No statistical variation

Any additional evidence or comments

- The practice provided urgent appointments for patients diagnosed with cancer.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The reception/administration team were familiar with patients and recognised the vulnerable and those who may have special needs and were able to ensure the doctors were informed of any concerns.

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.
- 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.
- All staff had access to the contact numbers for the local mental health crisis team.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice had followed up patients who had failed to collect their medicines.
- The practice stated they had one percent of patients on the mental health register, 95% had an agreed care plan and 85% had attended for cervical screening.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.0%	94.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	8.3% (3)	9.0%	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)	100.0%	94.5%	90.0%	Variation (positive)
Exception rate (number of exceptions).	2.8% (1)	7.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been	93.3%	81.9%	83.0%	No statistical variation

reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	6.3% (2)	3.9%	6.6%	N/A

Any additional evidence or comments

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559.0	528.3	537.5
Overall QOF exception reporting (all domains)	6.6%	5.3%	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 commenced looking at prevalence data in the community to see if any patient's diagnosis were not coded correctly on the patient electronic records. This ensured that patients were recalled as needed for regular checks.
- The practice manager with the GPs had implemented the new computer patient record system and had used the correct diagnosis templates to ensure the correct coding of patient's diagnosis.
- The provider carried out an audit on 7 October 2018 regarding patients diagnosed with diabetes that did not attend their appointments. A computer search showed 24 patients who had not attended their diabetic check for over a year or even longer. These patients were usually excluded from QOF as non-responders to annual invitation letters. A review of these cases found some no longer had the diagnosis, some had moved out of the area, and some were under hospital care. The remaining ten patients following proactive contact seven had the necessary tests. The practice planned a second audit in 2019.
- The practice had carried out for 2018 to 2019 a prescribing incentive scheme that reviewed antimicrobial prescribing.
- The most recent unpublished data provided by the practice on the date of the inspection demonstrated low exception rating for diabetes, chronic obstructive airways disease, dementia and mental health.

Any additional evidence or comments

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
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.	Partial
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: <ul style="list-style-type: none"> Whilst the practice nurse was absent, the practice had employed an advanced nurse practitioner in the last two weeks. However, they had not developed a formal approach to monitoring their competency. 	

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	Y

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice met four times a year with the palliative care team. • The practice had regular meetings with the Integrated Care Management Team (ICM) for patients who require additional services, agencies or assessments. The GPs receive had written report updates following these meetings. The ICM team also advised the practice immediately should patient circumstances change. • The practice described having a working relationship with the community treatment team who attend patients who are in crisis at their own homes. They would provide the practice with a written report. The practice had found the team helpful in avoiding emergency ambulance attendance and unnecessary hospital admissions. 	

Helping patients to live healthier lives

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

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

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) <small>(QOF)</small>	98.2%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (5)	0.6%	0.8%	N/A

Any additional evidence or comments

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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:	

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
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	35
Number of CQC comments received which were positive about the service.	35
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 patient comment cards	<p>Examples of comments made: -</p> <ul style="list-style-type: none"> • Very caring, I was running late and still able to see the doctor. • Very happy experience, fully checked out. • Doctors follow up any problems. • Very good practice. • The doctor takes the time to explain things. • Reception staff friendly efficient and helpful. • The doctors were very polite.
NHS Choices	<p>Overall have four out of five stars.</p> <ul style="list-style-type: none"> • Since March 2018 four reviews, two one star, one two star and one three stars. • Comments made about the attitude of staff and the telephone lines the practice have replied to the negative comments.

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
5029	329	106	32.2%	2.11%

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)	81.2%	85.5%	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)	73.5%	83.4%	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)	87.1%	94.4%	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)	71.5%	80.7%	83.8%	No statistical variation

Any additional evidence or comments

The practice had carried out its own survey in January and February 2019 where 32 out of 37 patients stated their concerns were listened to and five described it as fairly listened to.

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

Any additional evidence

- The practice had carried out its own patient survey between January and February 2019. Thirty

seven patients had responded to the survey. This showed the majority of patients were satisfied with the service provided by the practice regarding, the consultation care, opportunity to make a complaint. But many were not as satisfied with the access to appointments.

- The practice manager explained they were meeting with the PPG to work out an action plan in response to the survey's findings.

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:	

Source	Feedback
Interviews with patients.	We spoke with one patient who reported that all the clinical staff and receptionists were polite and caring. The doctors listened and diagnosed accordingly and were not patronising. They described how the doctor had been vigilant, and the doctor's response had resulted in a positive outcome for them.

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)	83.2%	91.7%	93.5%	No statistical variation

Any additional evidence or comments

- The practice had carried out its own survey in January and February 2019 where 32 out of 37 patients stated the explanations about their treatment was good and five described it as fairly listened to.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first	Y

language.	
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.	Partial
Information about support groups was available on the practice website.	y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had access to the Big Word' service for those needing BSL or an interpreter. • The practice did not have leaflets available in other languages but would download them off the internet if needed. 	

Carers	Narrative
Percentage and number of carers identified.	71
How the practice supported carers.	<ul style="list-style-type: none"> • Leaflets were available in the waiting room. • The practice had a list of patients who were carers. • The practice would ensure that the carers were offered appointments at convenient times.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • The staff would send a condolence letter and offer of an appointment.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

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"> The practice worked with integrated and community services, community respiratory teams and the palliative care team. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:30am 12:30pm to 2pm to 6:30pm
Tuesday	8:30am to 12:30pm to 2pm to 8pm
Wednesday	8:30am to 12:30pm to 2pm 8pm
Thursday	8.30am to 12.30pm and 2pm and 6.30pm
Friday	8:30am to 12:30pm to 2pm 6:30pm
Appointments available:	
Monday	8:30am to 1pm and 3pm to 6pm
Tuesday	8:30am to 12:30pm and 4pm to 8pm
Wednesday	8:30am to 8pm
Thursday	8:30am to 12:30pm
Friday	8:30am to 1pm and 2pm to 6:30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5029	329	106	32.2%	2.11%

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)	83.2%	94.2%	94.8%	Variation (negative)

Any additional evidence or comments

- The practice had two doctors working each day when appointments were offered.
- The practice offered a total of 240 to 249 appointments with the GPS and 92 with the practice nurse. However, we noted although patients could walk in the practice from 12.30pm to 2pm they were unable to telephone.
- On the day of the inspection an appointment was free for 6pm.
- The practice priorities young children and older people who were seen on the day.
- The practice offered telephone consultation and home visits.
- Patients had access to out of hours appointments at the local access hub in the evening and on a Saturday and Sunday.

Older people

Population group rating: Good

Findings

- 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.
- The practice offered longer appointments if needed for older people.
- The practice offered flu vaccinations for older people at their own homes.

People with long-term conditions

Population group rating: add rating

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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 7pm on a Tuesday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice currently offers two late evening surgeries, Tuesday and Wednesday until 8pm for working patients.
- The practice actively promoted on line services so that patients may order repeat prescriptions and book appointments at a time that was convenient to them.
- Patients had access to the local access hub that offered appointments until 10pm each evening and on a Saturday and Sunday.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including 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 and would offer longer appointments.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice held a register of patients who required a home visit. 	

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)	86.8%	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)	72.8%	64.5%	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)	59.4%	62.2%	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)	68.4%	70.0%	74.4%	No statistical variation

Any additional evidence or comments

<ul style="list-style-type: none"> The practice had recently carried out a survey that also demonstrated that that some patients were unsatisfied with access to the practice. The practice manager planned to meet with the PPG to discuss what actions could be taken to address this.

Source	Feedback
CQC patient Comment Cards	We received 35 patient comment cards, which contained positive comment regarding accessing appointments.

Listening and learning from concerns and complaints

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

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a duty of candour policy and were aware of the reporting procedures.• The practice kept a register of complaints however this would have benefited from further information about what the practice learnt from the complaints to enable the practice to carry out an annual review of them to identify any trends.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy with consultation with the doctor.	The practice manager explained this was discussed with the doctor and the patient apologised to.
The patient was unhappy with the completion of a form that they had to pay for.	The practice refunded the money and apologised to the patient.

Well-led

Rating: Good

Leadership capacity and capability

There was effective leadership.

	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: <ul style="list-style-type: none">• The practice had employed a new experienced manager in July 2018.• The practice manager confirmed that the partners had discussed succession planning.	

Vision and strategy

The practice had a vision and credible strategy to provide 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: <ul style="list-style-type: none">• All staff work well as a team any issues were discussed within the team.• The practice manager had an action plan that they regularly reviewed and actioned.• The practice stated their vision is to provide high quality sustainable primary services.	

Culture

The practice had a culture which drove quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y

There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	

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

Source	Feedback
Non-clinical staff	Described feeling supported and working as a team.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice manager and assistant practice manager had worked together to implement and embed new systems to ensure good management. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice held six weekly practice meetings and regular clinical meetings with the providers and the locum GPs.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">A member of the patient participation group told us the group was formed last year and met four times a year. At the previous meetings they had not invited anyone from the practice, however the assistant practice manager had listened to their views and had responded with how their suggestions would be implemented or why they could not be implemented. The practice manager explained that going forward they hoped to be invited to the meetings.We were provided with the minutes of the PPG meeting of the 13 March 2018.

Any additional evidence

--

Continuous improvement and innovation

There was some 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice manager networked with other local practices and met monthly for training and guidance. 	

Examples of continuous learning and improvement

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.