

# Care Quality Commission

## Inspection Evidence Table

### Leighton Road Surgery (1-582132545)

Inspection date: 20/02/2019

Date of data download: 05 February 2019

## Overall rating: Requires Improvement

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

### Safe Improvement

Rating:

Requires

#### 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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>Practice staff were aware of safeguarding procedures and felt comfortable raising concerns with practice safeguarding leads. The practice child and adult safeguarding leads had regular meetings with community teams and cascaded information into the practice clinical governance meetings as necessary.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice maintained well organised recruitment files with evidence of identity, immunisation status and DBS checks where appropriate.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 2018	Y
There was a record of equipment calibration. Date of last calibration: Dec 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: Nov 2018	Y
There was a log of fire drills. Date of last drill: Dec 2018	Y
There was a record of fire alarm checks. Date of last check: Feb 2019	Y
There was a record of fire training for staff. Date of last training: ongoing dependent on staff training needs	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: May 2017	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The fire risk assessment had identified that there were storage boxes of paper on floors in staff areas. These were removed following completion of the fire risk assessment to reduce the fire risk.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
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:	N
Explanation of any answers and additional evidence: Health and safety risk assessments had not been completed. There were no visible health and safety risks. Following the inspection, we received evidence that a health and safety audit had been completed with minimal actions identified.	

## Infection prevention and control

**Appropriate standards of cleanliness and hygiene were not fully 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:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The audit had identified that some cleaning records in clinical rooms had not been completed. This had been raised at a clinical governance meeting. On the day of inspection, we saw that these cleaning records had not been completed. The infection control audit had identified that shelving needed to be removed in some clinical rooms to prevent a build-up of dust. We saw that this had been completed. We saw that there were out of date dressings, urinalysis kits and alcohol gel in several of the clinical rooms. The practice addressed this during the inspection.	

## Risks to patients

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

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

**Information to deliver safe care and treatment**

**Staff had the information they needed to deliver safe care and treatment however, the system for the management of pathology results was ineffective.**

	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.	N
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
<p>Explanation of any answers and additional evidence:</p> <p>The process for the management of pathology results was ineffective. On the day of inspection, we found that 230 pathology results had not been reviewed by a clinician. We saw one abnormal result that had not been actioned for three weeks. The practice responded to this on the day of inspection and reduced the number of unactioned results by the end of the inspection. The practice provided evidence that the number of unactioned pathology results had been reduced to seven by the following day.</p>	

## Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation however, the systems around security of prescription stationery was lacking.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.97	1.00	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	6.5%	8.2%	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) <small>(NHSBSA)</small>	5.34	6.02	5.64	No statistical variation
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) <small>(NHSBSA)</small>	1.68	2.33	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.	N
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.	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

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Prescription stationery was not appropriately monitored, logged and secured. The practice did not have a system to track prescriptions, which room they had gone into or if any had gone missing. Following the inspection, we received evidence that the practice had commenced logging of prescriptions and created a prescription security policy.</p> <p>The practice had completed prescribing audits for the use of antibiotics. These audits suggested that the practice was using appropriate prescribing practices.</p>	



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

The practice learned and made improvements when things went wrong however, did not have an effective system for managing safety alerts.

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:	17
Number of events that required action:	17
Explanation of any answers and additional evidence: All significant events were analysed and reviewed by the practice manager. These were then discussed at the clinical governance meetings.	

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

Event	Specific action taken
A GP had contacted the ambulance service to transfer an unwell child to hospital however this was not communicated to reception or nursing staff. The GP then asked nurses to give emergency medicines but did not give a full history. The nursing team were unable to give a full patient history to the ambulance crew on their arrival.	The practice developed a protocol for transporting patients to hospital via ambulance to reduce confusion for future events. This included reception staff being responsible for contacting the ambulance service and the appropriate clinician being available for handover to ambulance crews.
A patient with a worsening of asthma was seen at out of hours and there was no GP to prescribe the appropriate medicines.	GPs are always present at out of hours clinics. Asthma clinics are no longer held at these times.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	N
Staff understood how to deal with alerts.	N
<p>Explanation of any answers and additional evidence:</p> <p>There was no oversight of safety and medicines alerts. These alerts were disseminated to staff via e-mail. We looked at three recent safety alerts and found that two had not been appropriately actioned meaning patients were not receiving the appropriate care or treatment in these cases. Following the inspection, we received evidence that the practice had reviewed the highlighted safety alerts and recalled all patients and adjusted treatment where this was appropriate.</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.	Partial
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: The practice was in line with the latest guidance from the National Institute for Clinical Evidence (NICE) however, safety alerts were not always acted on.	

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>	0.74	0.91	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

## 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 clinical staff worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Clinical staff followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice opportunistically identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice had developed online reviews for patients with long term conditions such as asthma. This enabled patients to answer a series of questions around their condition. This was reviewed by a clinician alongside prescribing information to produce a care plan which was then sent to the patient. This was constantly reviewed to ensure it was safe for patients. The records we reviewed showed that patients were being appropriately managed.

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>	89.6%	79.1%	78.8%	Variation (positive)
Exception rate (number of exceptions).	31.8% (268)	15.8%	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>	71.9%	75.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	23.3% (197)	13.7%	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) <small>(QOF)</small>	82.6%	82.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	28.3% (239)	15.6%	13.5%	N/A
Explanation of any answers and additional evidence:				
We reviewed clinical indicators for diabetes and found that patients were being excepted appropriately following three recalls from the practice to attend for reviews.				

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) <small>(QOF)</small>	74.3%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (17)	8.0%	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) <small>(QOF)</small>	92.0%	90.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	6.3% (21)	13.8%	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)	81.4%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.2% (203)	5.1%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	89.1%	92.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (15)	5.0%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets. The practice booked appointments for immunisations at the time of post-natal check-ups.
- The practice held midwife clinics for pregnant and post-natal women.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	327	340	96.2%	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>	322	333	96.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	323	333	97.0%	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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	321	333	96.4%	Met 95% WHO based target (significant variation positive)

### 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 GP 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)	72.6%	74.0%	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%	73.2%	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)	57.5%	56.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	58.7%	61.1%	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)	64.8%	55.7%	51.9%	No statistical variation
The practice provided unverified data for reviews of patients who had been diagnosed with cancer. This showed that 57 patients had been diagnosed within the last six months and 53 of these had been reviewed.				

### 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 practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances and referred these patients to local support programmes.
- The practice supported patients in local nursing and residential homes.



**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.
- A mental health link worker held regular clinics at the practice.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

<b>Mental Health Indicators</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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>	74.5%	90.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	17.7% (22)	20.0%	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) <small>(QOF)</small>	87.3%	91.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.7% (22)	17.0%	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>	78.0%	84.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (5)	8.3%	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)	550.3	538.5	537.5
Overall QOF exception reporting (all domains)	8.5%	6.3%	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

- Topics for clinical audits were discussed at clinical governance meetings. Results and actions were also disseminated at these meetings.
- Several prescribing audits had been completed for antibiotic use including audits for acute coughs and recurrent urine infections. These all suggested appropriate antibiotic use.
- A two-cycle audit had been completed for patients receiving multiple forms of diabetic medicine. The audit has improved the treatment given to diabetic patients and the repeat audit had shown that higher numbers of diabetic patients have stable blood results.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N
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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not use the Care Certificate for Health Care Assistants framework for induction and training of staff however, their induction programme covered the same skill set and staff were appropriately inducted and supported.</p> <p>This was due to a practice re-structure which had affected some staff members, appraisals had not been completed in the last twelve months. We were informed that these appraisals had been planned to be completed in March 2019 following completion of the restructure process.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice held regular meetings with community teams, including health visitors, to ensure care was coordinated. This information was disseminated at practice clinical governance meetings. All staff were invited to clinical governance meetings however, it was often only attended by team leaders who then cascaded any relevant information. Minutes of these meetings were available to all staff via the intranet.</p>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>Patients were referred to community services as appropriate.</p> <p>There were posters and literature in waiting areas to promote national initiatives, such as obesity awareness and stop smoking campaigns. There was also self-care information available.</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) <small>(QOF)</small>	93.0%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (39)	1.0%	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: Staff were able to explain Gillick competence and Fraser guidelines and these were used appropriately. Records we looked at confirmed this. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.	

# 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.	14
Number of comments cards received which were mixed about the service.	11
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC comment cards	CQC comment cards referred to good care from both the GP and nursing teams. Patients felt safe and well looked after. Comment cards that had mixed responses referred to concerns with telephone access and appointment availability.
Interviews with patients.	We spoke to six patients on the day who told us that they felt involved in their care and treatment and treated with dignity and respect.

## 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
21590	266	108	40.6%	0.50%

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)	87.8%	88.7%	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)	80.1%	85.7%	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)	96.5%	95.7%	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)	77.2%	82.0%	83.8%	No statistical variation



Any additional evidence or comments
The practice was aware of the patient survey scores. Staff we spoke to had a strong commitment to patient care.

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

Any additional evidence
The practice had a suggestion box available at reception and kept a log of complaints and compliments which were acted on and shared with staff as appropriate.

### 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

Source	Feedback
Interviews with patients.	Patients told us that any changes were explained to them in a way they could understand.

### 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)	89.5%	92.7%	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: Each waiting area had information regarding support available and self-care information.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 472 carers, which was 2% of the practice population.
How the practice supported carers.	Cares received information packs and additional support as necessary. Carers also received invitation for seasonal vaccinations.
How the practice supported recently bereaved patients.	The practice sent bereavement cards and conducted home visits where appropriate.

## 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: Telephone calls into the practice were not taken at the front reception desk at either site to ensure patient confidentiality. Computer screens and paperwork was not visible to patients at the reception desk.	

## Responsive Improvement

Rating:

Requires

The concerns raised by patients regarding access via the telephone and appointment availability affect all population groups, therefore they have all been rated requires improvement.

### Responding to and meeting people's needs

The practice aimed to organise and deliver services to meet patients' needs however, patients told us this was not always effective.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Partial
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.	Partial
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.	Partial
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice aimed to provide a variety of services to its patient population. It provided 82 GP sessions a week. It had restructured the clinical team based on the needs of the patients, for example practice paramedics were no longer used. However, patients told us they would have to wait longer to see their named GP. Patients told us there was difficulty with making appointments and telephone access to the practice.</p>	

Practice Opening Times	
Day	Time
Opening times: Grovebury road branch	
Monday	8am – 6.30pm
Tuesday	8am – 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Saturday	8am – 2pm
Leighton road site is open from 8am – 5.30pm Monday – Friday	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
21590	266	108	40.6%	0.50%

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)	93.0%	94.1%	94.8%	No statistical variation

### Older people

### Population group rating: Requires Improvement

#### 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 where possible for those with enhanced needs and complex medical issues. Where appointments were not available, patients were signposted to local walk-in centres or NHS 111.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

### People with long-term conditions

### Population group rating: Requires Improvement

#### Findings

- The practice liaised regularly with the local 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.
- Patients with multiple conditions were unable to have multiple needs reviewed at one appointment due to the specialisms of staff.
- The practice provided 'drop-in' blood test clinics at the Leighton road site on a daily basis. The practice told us that this was a very well used service.

The practice had developed online reviews for patients with long-term conditions to remove the need for these patients to attend the surgery. The clinical records we reviewed showed patients were being managed safely.

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

**Population group rating: Requires Improvement**

### **Findings**

- Additional nurse appointments were available until 8pm on a Tuesday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child who was on the safeguarding list were offered a same day appointment when necessary. However, if the child was not on the safeguarding list, same day appointments were not always available.

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

**Population group rating: Requires Improvement**

### **Findings**

- The needs of this population group had been identified and the practice had tried to adjust the services it offered to ensure these were accessible, flexible and offered continuity of care. However, patients told us this was not always effective.
- The practice was open until 8pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice worked as part of the out of hours provision for the locality. Appointments were available Saturday from 8am – 2pm.

**People whose circumstances make them vulnerable**

**Population group rating: Requires Improvement**

**Findings**

- The practice held a register of patients living in vulnerable circumstances and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability for example offering longer appointments.
- The practice telephoned patients with a learning disability, or their carers, to book relevant appointments and reviews.
- The practice supported three local care homes. We contacted the homes and they told us they had a named GP who does regular ward rounds. One care home told us that they had made a complaint to the practice in the past regarding availability of home visits this had been rectified and they had seen improvements in communication.

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

**Population group rating: Requires Improvement**

**Findings**

- The practice mental health link worker was available for patients suffering from a mental health condition.
- 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

### Patients told us they were not able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice offered on-the-day appointments for urgent care and reception staff escalated any urgent patients to a clinician. However, patients told us that they were unable to access urgent or routine appointments in a timely way and felt that there was not sufficient clinical availability.</p> <p>All patients requesting a home visit were contacted by telephone by a GP who assessed if a home visit was necessary.</p>	

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)	59.0%	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)	57.9%	66.2%	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)	49.8%	61.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	59.6%	71.7%	74.4%	No statistical variation

### Any additional evidence or comments

The practice was aware of the lower than average patient survey scores relating to access. They had recently implemented a telephone triage system in order to increase the numbers of patient contacts however, patients told us this was not effective and that they felt there was less access to GP appointments. The practice acted on this feedback and reverted to a traditional appointment system and increased the length of the call queue system. However, patient feedback suggests that some patients still have an issue with telephone access and appointment availability.

Source	Feedback
NHS Choices	Patients using this online feedback system have expressed dissatisfaction with the availability of GP appointments.
CQC comment cards	Some comment cards referenced difficulty in making an appointment and contacting the practice by telephone. A small number of comment cards stated that reception staff had been helpful with making appointments at short notice.



## 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.	316
Number of complaints we examined.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice patient liaison manager dealt with all complaints received into the practice. These complaints were tracked and analysed for themes. They showed a high amount of complaints referring to access and the change in the appointment system.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Multiple complaints regarding the telephone triage system.	The appointment system has been changed back to a traditional appointment system.
Complaint regarding signposting for mental health complaints	The complaint was discussed with the reception team and they were reminded to signpost to relevant services where an appointment could not be given.

## 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: Staff felt supported by practice managers and felt confident that concerns would be addressed.	

### 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 was aware of the extent of the patient population's dissatisfaction with telephone access and appointment availability. Staff told us they were experiencing verbal abuse from some patients on a daily basis. The practice was working with the local clinical commissioning group and the PPG to improve patient satisfaction in regards to access. The PPG were influential in the design of the website to allow bookings to be cancelled online and messages to be sent to the practice through this service. Practice managers had met with the local MP to help drive improvements in patient satisfaction relating to access.	

## 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>Staff told us they felt supported by the practice and the leadership team was visible and responsive to concerns from staff and patients. The practice management had held additional staff meetings throughout the practice restructure. The practice manager maintained a compliments log and regularly sent this out to staff.</p>	

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

Source	Feedback
Interviews with staff	Staff told us that they felt supported by the management team at the practice and could raise concerns and were confident they would be addressed. Some staff told us that they felt there was a lack of appointment availability but the practice was trying to address this.

## 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

## Managing risks, issues and performance

**There were some processes for managing risks, issues and performance however, there was no oversight of health and safety risks.**

	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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Health and Safety risk assessments and security risk assessments had not been completed. The practice was clean and tidy with no visible health and safety risks. Following the inspection, we received evidence that a health and safety risk assessment had been completed.</p> <p>The practice had assessed the impact of changing the appointment system to a telephone triage system. They had spoken with other practices and the clinical commissioning group to ensure that it was implemented in the safest way for patients. However, due to high numbers of patient complaints the system was reverted back to the traditional appointment system.</p>	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Clinical indicators were monitored by clinicians and practice management.</p>	

## 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: The practice had responded to complaints regarding the telephone triage system and continued to advertise for and recruit new reception staff and GPs.	

Feedback from Patient Participation Group.

Feedback
The practice had a very active Patient Participation Group (PPG) who met on a six-weekly basis. The PPG told us that they were aware of the complaints regarding access and had been supporting the practice with the local media to reduce the impact of these complaints.

Any additional evidence
The PPG had been part of the roll out of the new practice website that allowed patients to send messages to the practice. They held PPG days where they spent time at the practice to help others to use this service. The PPG had been involved in patient surveys and had developed a newsletter that is sent by email to approximately 8,500 patients. This newsletter highlighted the high number of patients that did not attend appointments. We saw evidence that three hours of clinical time was lost on one day in February 2019. The PPG were working with a local youth club to develop a 'Junior PPG' to involve the younger practice population and get them involved in the practice.

## 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
Explanation of any answers and additional evidence: Significant events and complaints were standing agenda items at all clinical governance meetings. We saw that procedures were changed as a result of these events such as the development of a policy to ensure patients were transferred to hospital safely.	

### Examples of continuous learning and improvement

Nurses continually audited their own practice to ensure that patients were receiving appropriate care. The online Asthma reviews were part of an ongoing audit to ensure safety of this process. The online contraceptive reviews were currently being audited to ensure this was an effective process as patients often were unable to provide full health details online.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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.