

Care Quality Commission

Inspection Evidence Table

The Arden Practices (1-2008280450)

Inspection date: 5 March 2019

Date of data download: 11 March 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:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The practice had detailed policies relating to safeguarding and vulnerability for adults and children. These policies were supported by other relevant documents including training policies, reporting templates and referral forms. All documents had been reviewed and updated appropriately. All documents were accessible for all staff on the corporate intranet site. All staff we spoke with demonstrated they knew how to access documents. The practice's policy was to consider and manage all safeguarding concerns as incidents. Annual safeguarding audits were carried out by the service manager and safeguarding lead, with appropriate actions carried out and documented. There was corporate monitoring and oversight of these by senior managers. There were risk registers for vulnerable children and adults with alerts used on patient records. This included a list of looked-after children (LAC). Staff we spoke with demonstrated how they used these alerts to inform their care and treatment. The practice had suitable processes for when vulnerable patients did not attend appointments. Safeguarding was a standing agenda item at monthly clinical meetings, which were attended by clinical and management staff. Non-clinical staff could also attend these. All staff who worked at the practice, regardless of their role, had received a DBS check. We saw records to support this. We saw evidence of multi-disciplinary team meetings held at the practice relating to vulnerable patients. These meetings were attended by practice staff and staff representing relevant external agencies. There was a clinical safeguarding lead at the practice. In addition, one of the non-clinical staff at the practice spent a number of allocated hours per week leading on safeguarding work. This included working with partner agencies, attending meetings, reviewing cases, providing support for colleagues, and reviewing the practice's safeguarding approaches. 	

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"> Recruitment checks were carried out by a dedicated corporate recruitment team to promote 	

consistency.
<ul style="list-style-type: none"> Staff registrations were monitored by a dedicated corporate people team. To support this, the service manager used a tracking system to monitor practice staff locally. There was a detailed locum pack.

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: Feb 19	Y
There was a record of equipment calibration. Date of last calibration: Feb 19	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: 05/03/19 (completed weekly)	Y
There was a log of fire drills. Date of last drill: Annual March 18 due	Y
There was a record of fire alarm checks. Date of last check: 05/03/19 (completed weekly)	Y
There was a record of fire training for staff. Date of last training: Various – completed annually for all staff.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: March 19	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice used specialist external companies for managing equipment checks and calibration. Two permanent staff were employed as fire marshals and they had received appropriate training. All staff had received annual fire training, with the dates of this varying for individual staff members. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 26/02/19	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 26/02/19	Y

Explanation of any answers and additional evidence:

- We saw evidence of health and safety actions being identified and addressed.

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: Dec 18	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">• The practice had a clinical lead for infection control, who was one of the practice nurses.• Infection control was discussed at clinical meetings.• The practice worked to a comprehensive infection control framework.• The practice had purchased purpose-built nursing trolleys which included covers to use in the treatment rooms.• We saw that waste (including clinical waste) was managed appropriately.	

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	Y

National Institute for Health and Care Excellence (NICE) guidance.	
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 practice used dedicated clinical risk templates for patients which were shared with external agencies where appropriate. • All staff had completed conflict resolution training. • All staff were required to complete mandatory training on sepsis annually. • Reception staff could describe the process they would take if patients appeared unwell. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice monitored two week wait referrals to ensure these were followed through and to prevent any delays. • The practice had an approach to test results which ensured test results were followed up promptly. • There was a dedicated corporate information governance team responsible for devising and monitoring information sharing processes. • All staff received mandatory annual information governance training. 	

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)	0.88	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)	8.1%	8.7%	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)	6.17	5.72	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) (NHSBSA)	1.59	2.30	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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We saw evidence of a safe and appropriate system for responding and actioning medicine alerts. • Staff had access to current antibiotic guidance. • The practice received support from Clinical Commissioning Group (CCG) and corporate medicines leads. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	10
Number of events that required action:	10
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw evidence that the practice had discussed safety alerts and incidents at monthly clinical meetings. All staff could access a dedicated incidents section of the intranet which included templates, guidance documents and policies. The service manager was responsible for overseeing and managing incidents locally, with support and oversight provided by the corporate incidents management team. There were key performance indicators (KPIs) in place for documenting and addressing incidents, including time deadlines. 	

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

Event	Specific action taken
Breach of patient data (August 2018)	Processes reviewed and revised, including introducing additional checks.
Complete IT systems failure (August 2018)	Business continuity plan reviewed and revised. Additional guidance provided for staff.

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: <ul style="list-style-type: none"> The practice monitored all safety alerts and actions taken. We saw evidence that safety alerts had been discussed in meetings and that appropriate actions had been implemented. 	

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: <ul style="list-style-type: none"> • Current guidance and updates were discussed at clinical meetings. • There was a system of staff peer reviews which included a focus on evidence-based practice and clinical effectiveness. 	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.47	0.89	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • 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 GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice used a call-recall system for long term conditions covered by QOF, and had initiated a follow-up system for long-term conditions not covered by the current reduced QOF disease groups.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	70.8%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.3% (4)	12.1%	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)	63.4%	78.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	12.6% (22)	9.1%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.7%	82.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.3% (11)	10.5%	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) <small>(QOF)</small>	77.7%	79.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (1)	3.7%	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>	68.8%	90.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.5% (1)	9.9%	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)	86.4%	83.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	16.4% (98)	3.3%	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)	92.1%	89.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.5% (4)	9.3%	6.7%	N/A

Any additional evidence or comments

- We reviewed the exception rate for patients with hypertension, which was above local and national averages. We saw that each of the exceptions for this indicator had been considered by the practice and were clinically appropriate.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were slightly below (by less than one percentage point) World Health Organisation (WHO) targets. The practice was aware of this and was reviewing uptake rates with the aim of promoting attendance.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice actively managed a cohort of looked-after children (LAC), which included carrying out health checks and allocating the same GP for each individual (where possible) to promote stability and consistency of care.

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)	55	59	93.2%	Met 90% minimum (no variation)
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)	59	66	89.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	59	66	89.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	60	66	90.9%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 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) (PHE)	79.3%	70.2%	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)	71.7%	67.4%	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)	55.2%	51.9%	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)	55.2%	78.3%	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)	59.1%	58.9%	51.9%	No statistical variation

Any additional evidence or comments

- Health promotion advice and initiatives were prioritised by the practice nurse and health care assistant.
- The practice scored above local and national averages for cervical cancer screening, but this score was slightly below the national target of 80%.

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.

**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.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Staff had received dementia training.

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)	100.0%	91.4%	89.5%	Variation (positive)
Exception rate (number of exceptions).	3.2% (1)	11.2%	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)	93.1%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (2)	9.0%	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) (QOF)	95.2%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.4%	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)	505.3	542.1	537.5
Overall QOF exception reporting (all domains)	5.1%	5.6%	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

<p>The practice had carried out a range of improvement activity including two full (two or three cycle) audits in the last two years. We saw these were of sufficient quality and led by what the practice considered to be clinical need. Improvements included:</p> <ul style="list-style-type: none">• Revisions to medicines management processes resulting in improved prescriptions reviews, authorisations and documentation.• Increased follow-up, provision of information and recording relating to patients with or at risk of gestational diabetes.
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Any additional evidence or comments
<ul style="list-style-type: none">• The practice had previously discovered errors in QOF monitoring during 2018, including examples of incorrect coding. This resulted in a full investigation into QOF figures.• The practice continued to investigate previous QOF results and was aware that the 2017-18 overall score was lower than CCG and England averages. Ongoing close monitoring was underway, with the aim of identifying and targeting areas for improvement in outcomes during 2019-20.

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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • All staff had a dedicated page on the practice IT system which included completed training, and dates for required training and updates. • Practice staff had access to a dedicated employee relations team. • All staff were subject to annual appraisals and additional six-monthly interim reviews. 	

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	Y

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

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.3%	95.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (2)	0.6%	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: <ul style="list-style-type: none">• The practice had a detailed consent policy. We saw that staff were aware of the contents of this.	

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: <ul style="list-style-type: none"> All staff were required to complete equality and diversity training. Records we reviewed showed that this had taken place. 	

CQC comments cards	
Total comments cards received.	7
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Patient interviews	Patients told us they were happy with the service they were provided, and that they felt cared for and involved.
Internal patient survey: April 2017 to September 2018	73% of patients said they were likely or extremely likely to recommend the practice (96/132). 8% (11/132) said they were unlikely or extremely unlikely to do so. The remaining 19% said they were neither likely nor unlikely or did not know.

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
3,937	290	95	32.4%	2.41%

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)	80.4%	87.1%	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)	79.0%	86.2%	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)	90.7%	94.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	60.3%	79.8%	83.8%	Variation (negative)

Any additional evidence or comments

- The practice was aware of areas in the GP patient survey where they scored lower than regional and national averages. Staff had identified that specific areas of concern included access to appointments.
- The practice was working on developing an action plan to target these areas. This included working with representatives from the patient participation group (PPG).

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

Any additional evidence

- The practice had completed its own internal survey between April 2017 and September 2018 and had analysed the results. 132 patients had completed the survey and 73% of these said they were likely or extremely likely to recommend the practice.
- The practice planned to carry out a further internal patient survey during March 2019.

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.	Patients we spoke with told us they felt they were involved in decisions relating to their care and treatment.

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)	87.6%	92.5%	93.5%	No statistical variation

Any additional evidence or comments

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	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had access to a telephone interpreter/translation service. 	

Carers	Narrative
Percentage and number of carers identified.	39 – 1% of the practice population.
How the practice supported carers.	<p>Practice staff highlighted carers on the computer system. This included using ‘alerts’ to inform staff when booking appointments and seeing patients.</p> <p>New patients and patients subject to health checks were asked if they were a carer.</p> <p>There were dedicated resources available to support work with carers on the corporate intranet which included templates and guidance.</p> <p>The practice had a ‘VIP list’ of patients who needed additional support, some of whom were carers. These patients were prioritised for home visits for example.</p> <p>We saw evidence of resources available for carers, and appropriate signposting to these was taking place.</p>
How the practice supported recently bereaved patients.	<p>The practice was able to refer patients to a local counselling support service if required. Practice staff (including GPs) would telephone or visit patients directly.</p> <p>Practice staff told us they would focus on carrying out the correct processes (for example death certificates) to minimise potential distress to patients and others.</p>

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: The practice carried out quarterly 'confidentiality audits' in line with corporate policy. This included reviewing documents, communications and patient records. There were action plans to address any areas of deficiency identified.	

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 had a hearing loop. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 8.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 8.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3937	290	95	32.8%	2.41%

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)	90.1%	93.8%	94.8%	No statistical variation

Any additional evidence or comments

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.

People with long-term conditions

Population group rating: Good

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

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, looked after children (LAC). Records we looked at confirmed this.
- 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 needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Additional appointments were available until 8.30pm on a Thursday.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held registers of patients living in vulnerable circumstances including looked after children and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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 had allocated, protected appointments for home visits. These were allocated according to individual need. 	

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)	69.7%	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)	40.6%	66.6%	68.6%	Variation (negative)
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)	34.0%	63.9%	65.9%	Variation (negative)
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)	45.6%	71.7%	74.4%	Variation (negative)

Any additional evidence or comments

- The practice was aware of areas in the GP patient survey where they scored lower than regional and national averages. Staff had identified that specific areas of concern included access to appointments.
- The practice had carried out a range of patient feedback exercises, including working with representatives from the patient participation group (PPG), to identify and address areas of lower patient satisfaction. This included analysis of the national GP patient survey results, carrying out annual internal patient surveys, and devising ongoing action plans to target shortfalls identified as a result of patient input.

- The practice carried out monthly detailed 'You Said, We Did' (YSWD) exercises which captured feedback, planned and implemented actions, and reviewed subsequent related feedback where available. This included consideration of positive and negative feedback from patients. We reviewed YSWD exercises from the last 12 months and saw evidence that this had been taking place consistently. The practice was required to report all of this information at corporate level for oversight and monitoring purposes.
- Examples of areas addressed or implemented as part of the YSWD processes in the last 12 months included:
 - The implementation of daily pre-bookable advice telephone calls (April 2018).
 - The implementation of a process where clinical staff only can review those attending for an emergency appointment (May 2018).
 - The provision of more detailed guidance relating to what nurse appointments can address to provide increased awareness and greater appointment options (December 2018).
- The next full internal patient survey was planned for March 2019. We saw documentary evidence to support that this was taking place.

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.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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 comprehensive policy for dealing with complaints. They were discussed at monthly clinical meetings and other team meetings at the practice. • Complaints were shared with the Clinical Commissioning Group (CCG) and discussed with the aim of identifying areas for improvement and associated actions. • Leaflets for patients which set out how they could complain were available. • The service manager took the lead for handling complaints at the practice. • We saw evidence that the practice apologised when they had done something wrong. • The practice carried out a thorough analysis of complaints and used this for learning with the aim of improving performance and patient outcomes. 	

- The corporate customer services team provided support for the practice in relation to managing complaints. This included setting key performance indicators, for example target times for investigation and response.

Example of learning from complaints.

Complaint	Specific action taken
Attitude of a member of staff	The member of staff was given additional support and guidance in dealing with patients.

Well-led

Rating: Good

Leadership capacity and capability

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

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

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:	
<ul style="list-style-type: none">The practice worked to a set of clear corporate values which included a focus on the patient journey.Staff told us there was supportive leadership with a clear vision for quality of care, learning, and improvement.We saw evidence that the practice had a focus on planning ahead, with the aim of pre-empting any challenges.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Staff had received training in conflict resolution. 	

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

Source	Feedback
Practice staff	All staff we spoke with told us they were proud to work at the practice and that they felt well supported in their roles.

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 was able to use internal service review toolkits to carry out reviews. 	

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: <ul style="list-style-type: none">• The practice had detailed organisational and asset risk registers which were reviewed and updated regularly.• There was a detailed business continuity plan which included process flowcharts and escalation procedures.	

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: <ul style="list-style-type: none">• The practice had a staff peer review policy and we saw evidence that effective peer reviews were taking place.	

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">Practice staff had the opportunity to engage in an annual staff survey. Results were discussed at a local practice and a wider corporate/organisational level.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">The practice was working with the PPG to increase PPG recruitment and engagement.The PPG has designed and implemented patient surveys.We saw evidence of where input from the PPG had led to improvements, for example to promote consistency in information provision from reception staff.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

<ul style="list-style-type: none">Practice performance and quality were discussed as part of monthly meetings. We saw evidence of outcomes and actions from these meetings.The practice had carried out analysis of appointment demand and availability, including reviewing emergency appointments, walk-in clinics and administrative time.Where locums were used, the practice allocated the same locums to the same patients where possible to promote consistency.

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.