

Care Quality Commission

Inspection Evidence Table

The Adam Practice (1-547285965)

Inspection date: 23 and 24 January 2019

Date of data download: 16 January 2019

Overall rating: Outstanding

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	n/a
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">We saw that staff had stickers on their name badges to inform patients they were trained as	

Safeguarding	Y/N/Partial
<p>chaperones. There were signs in waiting and consulting rooms informing patients that a chaperone would be requested. Staff who acted as chaperones confirmed they had had a DBS check.</p> <ul style="list-style-type: none"> • Details of what actions to take were displayed in clinical rooms if staff considered patients were at risk of harm. • The template used by the practice to record child safeguarding concerns had been adapted by the practice so that a Section 47 report, used in safeguarding investigations, could be easily generated. • All sites had a designated safeguarding lead and bi-monthly meetings were held with health visitors and school nurses. There were two dedicated patient service clerks (administration staff) who managed safeguarding information and documents. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a checklist for the recruitment process in place, to make sure that all relevant information had been obtained prior to a member of staff commencing employment, this included checks on professional qualifications.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test:</p> <p>Hamworthy site: January 2019</p> <p>Heath Cottage site: December 2018</p> <p>Upton site: December 2018</p> <p>Poole site: December 2018</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration:</p> <p>Hamworthy site: January 2019</p> <p>Heath Cottage site: December 2018</p> <p>Upton site: December 2018</p> <p>Poole site: December 2018</p>	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes

There was a fire procedure.	Yes One held at each site.
There was a record of fire extinguisher checks.	Yes
There was a log of fire drills. Date of last drill: Hamworthy site: July 2018 Poole site: July 2018 Heath Cottage site: January 2019 Upton site: October 2018	Yes
There was a record of fire alarm checks. Date of last check: Ongoing	Yes These were carried out weekly at each site and recorded.
There was a record of fire training for staff. Date of last training: Ongoing	Partial
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: The practice had an external fire risk assessment five yearly, with the last one being completed for all sites in 2015. In addition, internal fire risk assessments were carried out on an annual basis at each site. This was in line with practice policy. Records were available to confirm that these annual assessments had been completed.	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had designated health and safety leads on each site who were responsible for ensuring that required checks and risk assessments were completed and actions taken as required. We were provided with a list of staff who had completed fire safety training, however there was no indication whether all of the staff still worked at the practice. The practice expects all staff to receive this training annually. The list we were provided was not up to date, when we compared this information with samples of staff files we looked at, we found training had been provided for some of the staff. We were aware that the practice were migrating training records onto a new system.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Heath Cottage site: June 2018 Poole site: May 2018 Hamworthy and Upton sites not carried out in the past 12 months.	Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Partial

Date of last assessment: Heath Cottage site: June 2018 Poole site: May 2018 Hamworthy and Upton sites assessments had not been carried out in the past 12 months.	
Explanation of any answers and additional evidence: The practice provided evidence of gas safety checks and electrical wiring installation checks for each site. We did not observe any risks to premises, health and safety on the days of the inspection visits.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	Annual statement for 2018/19 produced detailing audits carried out over the past year.
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We visited the Leg Club which patients attended for leg ulcer care. We found infection control was managed appropriately and specific risk assessments had been put into place. There was a designated infection control lead at each site. The Estates & Facilities Manager had undertaken a full audit with the external cleaning company and actions were taken to ensure adherence to cleaning schedule. The practice had message books for cleaners to report any issues and checklist were maintained of cleaning carried out at each site. Privacy curtains were changed, on an annual basis, unless they were soiled as per the practice's infection control policy. Curtains at the practice were checked in January and in June and records maintained. 	
The annual infection control statement showed that all 44 clinical staff; 57 non-clinical staff and eight management team members had completed infection control training within the last year.	

Risks to patients

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

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes

There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had introduced workflow optimisation across all sites and a staged manner to ensure that the process was effective. The process was regularly audited to ensure it was effective and relevant actions were being taken with correspondence and documentation received.</p>	

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)	1.03	0.93	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.1%	8.0%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with	Yes

Medicines management	Y/N/Partial
appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures 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.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a comprehensive protocol for handling of repeat prescriptions, which included ensuring relevant blood tests and health checks were up to date prior to the prescription being produced. • Any uncollected paper prescriptions were reviewed monthly and patients contacted to see if they still required them, if this was not the case then the prescriptions were securely destroyed. • Each site had a prescribing lead at each site who monitored antibiotic prescribing every two weeks, to ensure they were appropriately prescribed. • The practice pharmacist worked across all four sites and carried out medicine reconciliation by means of a weekly clinic and completed medicine audits. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	26

Number of events that required action:	16
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff at all sites could explain the process for managing Medicine and Healthcare Regulatory Alerts (MHRA). A spreadsheet was kept for MHRA alerts which showed which ones were relevant to the practice and actions taken in response to the alert. A master spreadsheet was also maintained for significant events across all sites, with evidence of learning, monitoring, and information sharing. 	

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

Event	Specific action taken
A patient was aggressive and threatening to stab themselves and others.	<ul style="list-style-type: none"> The police were called and the patient was arrested. The clinical commission group were contacted they determined that it was risky for the patient to stay at the practice. The emergency procedure that the practice had in place worked and staff remained calm throughout the incident and a service was provided to other patients.
A salaried GP had a patient who was having an asthma attack. The salaried GP was unable to locate or access appropriate medicines.	<ul style="list-style-type: none"> It was the responsibility of all clinicians to know how to access emergency medicines for use in asthma attacks, but this information had not been conveyed to the salaried GP. The nursing team were asked to discuss with the salaried GP and inform them of the relevant procedure. This was discussed at the nurse meeting and a notice was placed in the reception area to remind all clinicians of the location of resus equipment.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.67	0.80	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The Adam Practice had an established service and team for their frail population called TAPAAS (The Adam Practice Admission Avoidance Service). The TAPAAS team which consisted of a practice nurse and two healthcare assistants, visited older and frail patients to provide additional clinical and social support, including onward referral and signposting to enable patients to remain in their homes and retain a good quality of life. This has developed since the previous inspection where it was noted as outstanding practice. The nurse manager of the practice was leading a project to coordinate similar teams across the Poole Central Network to share best practice and focus resources in the most effective way.
- The TAPAAS team made extensive use of the Community Co-ordinator to help with socially isolated patients, or those with specific needs.
- There were monthly multi-disciplinary calls with community and specialist staff to discuss specific patients and put actions in place to meet the needs of those patients. The team often expedited interventions and reduced duplication between staff groups.
- 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 GP worked with other health and care professionals to deliver a coordinated package of care. The practice operated a recall system that ensured patients with more than one condition only receive one recall per year (or as required) to minimise visits for patients and maximise efficient use of clinician time. This was confirmed by patients we spoke with.
- The practice had developed a 'virtual clinic' with a Consultant Diabetologist from the local hospital. Patients were referred to the virtual clinic initially and discussed at monthly meetings with a GP and practice nurse present, actions and interventions were planned and delivered without needing a full referral to secondary care.
- The practice had developed protocols and templates on their computer system for long term conditions such as asthma and used Asthma UK personalised care plans for patients.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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)	89.3%	82.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	26.2% (510)	19.9%	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)	81.6%	78.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	15.8% (308)	13.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	85.3%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	16.1% (313)	18.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	74.6%	75.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (30)	12.7%	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) (QOF)	90.9%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.2% (50)	16.6%	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)	81.9%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.7% (297)	5.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	84.7%	89.6%	90.0%	No statistical variation

Exception rate (number of exceptions).	8.6% (60)	7.6%	6.7%	N/A
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Any additional evidence or comments

The practice proactively invited patients with diabetes to take part in studies and programmes to improve diabetes care and attend educational sessions.

Families, children and young people

Population group rating: Outstanding

Findings

- The practice had a GP with a special interest qualification in general paediatrics and allergies. This had reduced the need for patients to attend secondary care services. The GP was able to access hospital consultant support when needed, from an immunology consultant at the local hospital. The GP also delivered education on managing childhood allergies to other practices in Dorset.
- the practice purchased dedicated Paediatric Oxygen Saturation Monitors to enable accurate readings to be taken for all children, and the practice also coordinated an offer for all GP practices in Dorset to purchase these units at a discounted price. A total of 42 units were delivered to practices around Dorset.
- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice had introduced self-injected contraception, they developed a protocol after taking advice from family planning specialists. An audit of the treatment provided was being carried out and this included a patient survey.

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)	354	366	96.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	332	345	96.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who	331	345	95.9%	Met 95% 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)				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) (NHS England)	328	345	95.1%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

- During Flu season the Practice held a dedicated Family Flu day to promote uptake of vaccinations.
- The practice actively promoted the Wessex Healthier Together 0-18 website on their own website, on notices at the practice and when patient attended for appointments. The Wessex Healthier Together website has relevant information for this age group, with advice and signposting to other services which could mean that a GP or practice nurse appointment is not required.
- There were military families registered with practice. One of the practice nurses employed had a military nursing background and was aware of particular needs of these families and vaccines required for deployment when families go with service personnel.
- The practice liaised with the local Marine base welfare liaison officer when needed and with patients' consent, to monitor the welfare of these patients.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines 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)	76.7%	74.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer	82.0%	75.9%	70.0%	N/A

in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.6%	62.4%	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)	62.4%	62.6%	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)	42.2%	51.6%	51.9%	No statistical variation

Any additional evidence or comments

- The practice was setting up an evening drop in clinic for women's health during the week of our inspection. We saw posters at each site which detailed what services would be available, this included cervical screening. Health MOTs; and the opportunity to speak with a health and wellbeing coach. The evening was open to patients from all four sites.
- Each site had a GP who was trained to undertake cervical screening and therefore opportunistic screening could be offered more easily. Patient records were coded to show when screening was due.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice was able to access a Health and Social Care Coordinator, employed by a community provider, to help support patients where they may have wider non-clinical needs.
- The practice had a small number of Transgender patients who were in the process of transitioning. They ensured that the patients preferred pronoun was used and made sure relevant health checks were carried out in line with the gender they had been assigned at birth.
- A register of Military Veterans was maintained and referrals made for this group of patients were flagged and coded so other care providers were aware that they were veterans and if needed would be prioritised if their condition related to military service.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Where known homeless patients were coded, so staff could be aware of these patients' circumstances, and these patients were able to use the practice address for correspondence.
- 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 medicines.
- 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.
- All staff had received dementia training in the last 12 months.

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)	94.0%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	19.4% (44)	16.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.7%	90.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	19.4% (44)	16.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.1%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (8)	6.8%	6.6%	N/A

Any additional evidence or comments

- The practice had systems for recalls, there were QOF alerts on patient records, which allowed for opportunistic tests, for example blood pressure monitoring.
- The GP responsible for looking after the patient would use their clinical judgement to except patients after they had been contacted and not responded.
- The practice did not have a formal written protocol for this, but all GPs had agreed an informal protocol.

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)	559.0	548.8	537.5
Overall QOF exception reporting (all domains)	6.4%	7.0%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

A two-cycle audit was carried out to identify patients at risk of developing diabetes (pre-diabetic). The aims and objectives were to review methods for data entry and the practice recall system, so patients' needs could best be met.

The first cycle covered the period October to December 2018.

A search of the practice systems showed:

- 595 patients were identified who were at risk of developing diabetes
- Of these 595, 40 patients had the appropriate code for pre-diabetes (6.7%)
- Of these 595, 60 patients had a recall date for a repeat diagnostic blood test (10.1%)
- There was no data entry template for patients at risk of developing diabetes.
- There was no patient recall system for patients at risk of developing diabetes.

Recommendations from this cycle were:

- To create a data entry template for patients at risk of diabetes.
- To create a protocol to display an on-screen alert for patients with average blood sugar in the range of 44-47 with no diagnosis of pre-diabetes and link this alert to the new data entry template.
- To implement a recall system for patients at risk of developing diabetes so their needs could be met.
- A new protocol was developed in November 2018 and clinicians were able to launch a 'pre-diabetes' data entry table.

The second cycle was carried out in January 2019 which showed:

- Recording a diagnosis of pre-diabetes had improved from 100 patients on 24th October 2018 to 132 patients on 4th January 2019.
- All 132 patients have a recall date for pre-diabetes, and will be invited for repeat blood tests prior to their recall. This was due to be discussed at the next clinical meeting to ensure all clinicians were aware and could take appropriate actions.

Any additional evidence or comments

All patients' records had a link to the Wessex Healthier Together information to enable social prescribing and signposting to health initiatives and advice.

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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff considered appraisals were a two-way conversation and occurred regularly.• Healthcare assistants attended wound care courses and received annual updates on wound care.• Practice nurses were able to undertake a Foundation in practice six-month course for nurses.• The practice set out what training they expected staff to complete and the timescale for refresher training. However, records maintained did not fully demonstrate that all staff had received training in accordance with this schedule. For example, we looked at five staff files and found that one member of staff safeguarding level two training had expired in September 2018 and there was no information to show this had been renewed.	

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.2%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (34)	1.1%	0.8%	N/A

Any additional evidence or comments

The Leg Club enabled patients to interact socially which aided their wellbeing and reduced social

isolation. Staff told us that on occasion social workers would visit patients at the club, if a patient did not want visitors to their home. All patients whose leg ulcers are healed were able to attend for ongoing monitoring. Health professionals who worked at the club included district nurses, practice staff, wound care nurse and admission prevention nurses. The advanced nurse practitioner from the practice, nurse who set up the club has received a Queen's Nurse Award and was currently doing second stage of the research to show how has made a difference to patients' wellbeing.

There were also six volunteers who organised fundraising activities such as raffles and prepared refreshments. They had also been awarded 'Volunteers of the Year Award' for the leg club.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

Kindness, respect and compassion

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

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

Source	Feedback
Patients	All five patients we spoke with said that they were treated with kindness and respect by staff.
Family and Friends test	Results for all four sites showed that 94% or over of patients would recommend the practice to others, and comments demonstrated that patients were treated well by staff.

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
32450	254	113	44.5%	0.35%

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)	95.8%	91.6%	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)	96.3%	90.7%	87.4%	Variation (positive)
The percentage of respondents to the GP	96.7%	96.9%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				
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)	97.0%	89.1%	83.8%	Variation (positive)

Any additional evidence or comments

The practice were aware that national GP survey results were consistently in line or higher than the clinical commissioning group and national averages. They used this information to monitor service provision to make sure positive results continued. Information from the survey was discussed at practice meetings.

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

Any additional evidence

Patients were able to provide feedback via NHS Choices, the national GP patient survey, patient suggestion boxes and through complaints and compliments. Information from all these sources were used and monthly reports were collated, assessed and action taken where needed.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients.	Positive feedback was received from five patients about being treated with respect. They said nursing teams were excellent and reception staff helpful.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.4%	95.5%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	On request
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: The practice was able to arrange for British Sign Language interpreters when needed.	

Carers	Narrative
Percentage and number of carers identified.	A total of 491 patients had been identified as carers, this represented 1.5% of the practice population.
How the practice supported carers.	Each site had a dedicated carers lead who were able to offer advice and support. There were notice boards in waiting areas, with details of support available. Some of the information was aimed at young carers.
How the practice supported recently bereaved patients.	The practice would send a condolence care and contact patients if needed, information on bereavement services was also provided, such as a local support group.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: At the Heath Cottage site, music was played in the waiting area to promote confidentiality. At the Upton site the reception area was separate from the patient waiting room.	

Responsive

Rating: Outstanding

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: All sites have been accredited as Dementia Friendly.	

Practice Opening Times	
Site	Opening times: Day and Time
Hamworthy	Mondays to Fridays 8am to 6.30pm Extended Opening Hours: Mondays & Tuesdays until 8pm
Poole	Mondays to Fridays 8am to 6.30pm Extended Opening Hours: Mondays & Thursdays until 8pm
Upton	Mondays to Fridays 8am to 6.30pm Extended Opening Hours: Mondays & Wednesdays (alternate) until 8pm
Heath Cottage	Mondays to Fridays 8am to 6.30pm On Fridays the doors close at 4pm but phones are answered by the Upton site until 6.30pm. Extended Opening Hours: Wednesday & Tuesday (alternate) until 8pm
Appointments are available between these times and were clearly displayed on the practice's website and at each site.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
32450	254	113	44.5%	0.35%

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)	99.2%	96.0%	94.8%	Variation (positive)

Any additional evidence or comments
<ul style="list-style-type: none"> Appointment booking is site specific and a range of appointments were offered at all sites, which included walk in and wait, pre-bookable appointments and urgent on the day. Receptionists do not triage appointment requests. Appointments with nurses are available across all sites each day from 8.20am. Urgent blood tests were carried out on site. The practice worked with the locality to provide extended access appointments. All children under five years old and whose condition was deemed to be urgent were seen on the same day. Patients were able to book appointments at any of the four sites if needed, for example a site maybe nearer to their place of work.

Older people

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> 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. The Adam Practice Admission Avoidance Service (TAPAAS), consisted of two nurses and a healthcare assistant who visited older and frail patients in their homes, to provide additional clinical and social support, including onward referral and signposting, of general support to remain in their homes and retain a good quality of life. The TAPAAS team make extensive use of the Community Co-ordinator to help with socially isolated patients, or those with specific needs. The Best Foot Forward Leg Club service, for leg ulcer care, was previously highlighted as outstanding practice has further developed. The club has moved to larger premises to cater for more patients, and included armchair exercises for those who attend. The nurse manager who set up the leg ulcer club has received a Queen's Nurses Award for this work. They have also written reflective accounts for nursing publications. We visited the club and saw that it provided social support, as well as clinical input. Practice nurses and healthcare assistants from other areas were also visiting the club, so that they could set up similar schemes at their practices. The nurse manager was working with another locality to set up a five-day service for patients in their area.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one longer appointment.

- Nurse practitioners have 15-minute appointments as standard.
- Patients were able to book longer appointments if needed.
- 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, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The 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.
- Extended hours appointments were available at all sites.
- Pre-bookable appointments were also available to all patients at all sites.
- Flu clinics were organised for Saturday morning to enable patients to attend.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice were able to make referrals to food banks for patients if needed.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. There were dedicated flu clinics for patients with a learning disability, where they could also have their health checks or reviews. Patients with a learning disability were given a yellow personal health record and provided with advice on areas such as healthy eating. The practice carried out a bimonthly audit to assess progress with learning disability health checks. The practice linked to local social events to help reduce isolation, for example at Christmas lunch was provided at a local church hall for patients who would otherwise be alone. One of the GP partners and their family had lunch with there as well.
- All sites had a pull down small writing table for patients with a disability and who may use a wheelchair, it was set at an appropriate height for them to use.

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: GPs meet at lunchtime to discuss home visits requests and allocate a clinician to carry them out.	

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)	85.8%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	82.9%	78.2%	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)	75.6%	72.5%	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)	88.8%	80.8%	74.4%	No statistical variation

Any additional evidence or comments

- The practice were aware that the response on the national GP patient survey were consistently higher than clinical commissioning group and national averages. Appointments availability was reviewed routinely to make sure appointments available met the needs of the patients. Feedback on the appointment system was recorded and there were details of action taken to address any concerns.
- Each site would process their own electronic prescription requests, but if needed could process those of other sites to maintain turnaround times.

Source	Feedback
Patient participation Group (PPG)	<p>The group commented that the pharmacist employed by the practice was very good and provided an excellent service. They added that nursing and administration staff were good.</p> <p>They confirmed that extended appointments were available for complex conditions and long-term condition reviews.</p> <p>They said that health checks and reviews were carried out thoroughly. They welcomed being able to see a GP with an area of specialist interest if needed.</p>

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.	32 across all sites
Number of complaints we examined.	32
Number of complaints we examined that were satisfactorily handled in a timely way.	32
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A patient service clerk at each site was responsible for collating complaints and concerns and provide a report for the lead patient service clerk at Hamworthy.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A diabetic patient was told to stop their insulin, but this was incorrect, as the patient had another condition which	<ul style="list-style-type: none"> • An apology was given to the patient by the practice. • The practice investigated and found there had been a coding error, where the main diagnosis had not been

required them to be on insulin. The patient became unwell and required admitting to hospital.	<p>recorded and other medicines had not been taken into consideration when the insulin was stopped.</p> <ul style="list-style-type: none"> • The clinician involved carried out personal reflection and a significant incident was raised. • Actions taken included all clinicians being more vigilant in coding; ensuring that all diabetic medicines are not reviewed in isolation. • The notes summarising policy was reviewed and updated • This incident was also reflected on in a clinical meeting.
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Well-led

Rating: Outstanding

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The management functions of the practice were centralised at the Hamworthy site. • There was an efficient executive structure in place for the operational organisation of the practice. Partners were designated executive partner or deputy executive partner for a three-year period on a rotational basis. Monthly Links (operational) and Plenary (partner) meetings were held and there were clear constitutions on what could be discussed and agreed at these meetings; for example, members of the Links meeting were able to sign off expenditure up to an agreed limit. The Links group consisted of one partner from each site whose main role was to meet to discuss developing the service provided. This structure ensured a high level of accountability to support the delivery of high quality care. • In addition, separate finance and strategy meetings were held. • All actions from meetings were captured on an overall plan for the practice and action plans with monitoring systems were in place. 	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes

The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The ethos and values of the practice was to put patients at the centre of their care and treatment. Throughout the inspection visit, staff demonstrated the values of the practice. For example, when talking about the service provided for patients; staff spoke about the need to engage patients in their care and treatment, and prioritise according to patient wishes, whilst managing risk. The practice had recognised there were areas in local service provision which needed improvement. The practice had implemented their own initiatives to address these, such as the TAPPAS team.</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice manager told us that since they had commenced working at the practice, just over two years ago, they had focussed on reviewing systems and processes; and making sure that there were appropriate delegation systems and sharing of responsibilities. 	

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

Source	Feedback
Staff	<ul style="list-style-type: none"> All staff we spoke with said there was a supportive environment; with development opportunities; autonomy and being trusted to do the job. Examples of support provided included: staff assisting with appointments if a clinic was running late; and being aware of personal wellbeing and allowing time and space if someone was not having a good day, to enable them to refocus on their work. Staff considered they were engaged with the running of the practice and able to have open conversations with managers and partners.
Student nurses' evaluation of placement.	<ul style="list-style-type: none"> All four students agreed or strongly agreed that they witnessed excellent communication between team members, other professional, teams and agencies to ensure the delivery of high quality patient care. Students said they were encouraged to reflect on aspects of good patient care and to suggest how patient care could be improved if relevant.

	<ul style="list-style-type: none"> They all agreed that the placement enabled them to give patients the best care and put them at the centre of care and treatment provided.
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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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> GP partners tended to work at one site, however governance arrangements ensured they could provide cover at other sites as required. Some of the salaried GPs worked across two sites. Reviews of non-clinical staff roles and skills had taken place to ensure there were appropriate numbers and skill mix across all sites. The nursing team were in the process of carrying out a similar review for nurses and healthcare assistants. The practice had a comprehensive programme of clinical and non-clinical audits. Each GP had specialist areas of interests and were clinical leads for these areas. For example, vaccinations and immunisations, depression; mental health; and asthma. Training placements were provided for student nurses; medical students; and GP registrars. Nine of the partners were accredited trainers. All doctor trainees had a named GP for tutorials and received an induction. Nursing students had nominated mentors and an induction programme and reviews. Feedback from trainees was consistently positive. 	

Managing risks, issues and performance

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

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There were a range of regular meetings to involve all staff groups in the running of the practice, for example advanced nurse practitioner meetings, where partners would provide information on operations and give educational talks; two monthly nurses' meetings; administration meetings; and partners meetings.• The patient participation group (PPG) had 69 members with representatives from all sites. They met at least once a year face to face, with the last meeting being held in October 2018. There was also a virtual group.	

Feedback from Patient Participation Group.

Feedback
We met with five members of the PPG. They said the practice was proactive in involving them and shared information on concerns received by the practice and how the practice hoped to develop in the future. At their meeting in October 2018, they had discussed appointment availability and prescriptions handling, as these had been concerns that had been identified. The issue with prescriptions related to how local pharmacies handled prescriptions requests that were not sent electronically. There were no specific concerns about getting a prescription from the practice. The PPG told us they had access to national PPG forums to share information.

Any additional evidence

Feedback from four student nurses who had undertaken placements at the practice in 2018 was positive. All student nurses considered that practice nurses who mentored them understood their assessment requirements; students were able to negotiate learning objectives and received regular discussion and reflection on learning objectives set. They considered that they were provided with a range of learning opportunities to meet learning outcomes and were valued as a team member.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Examples of continuous learning and improvement	
<p>Since the introduction of the Leg Club for leg ulcer patients, the practice had invested resulting savings from their nursing budget in a dedicated 'Community Co-ordinator' job role. This role proactively worked on behalf of the practice to establish links with community organisations, charities, activity groups, churches and more, for the benefit of all patients. For example, the community co-ordinator had encouraged patients who had not previously come for a flu jab, to come for the first time by engaging with them directly and listening to their concerns, this was written up as a case study. Information is also shared within the practice which enabled staff to help signpost patients to groups and activities that can support their health.</p> <p>The practice carried out research activity, for example, patients have been recruited to a study related to a new flu treatment and another study focussing on improved education and resources for patients with lower urinary tract symptoms. To assist with this the practice had a full-time research nurse and a part time clinical trial assistant.</p> <p>A review of workload and skill mix is planned for 2019, this has already been carried out for non-clinical staff to ensure they have the right skills to carry out their job and there were appropriate numbers of staff in post. Some of this review for non-clinical staff incorporated the implementation of workflow optimisation for correspondence received by the practice. This enabled all staff to be clear on processing correspondence received by the practice and ensuring it was acted on in a timely manner.</p>	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

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

Glossary of terms used in the data.

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