

Care Quality Commission

Inspection Evidence Table

Avisford Medical Group (1-562962584)

Inspection date: 27 February 2019

Date of data download: 25 February 2019

Overall rating: Good

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

Safe

Rating: Good

The practice was previously rated as requires improvement for safe. This was because:

- Not all health and safety risk assessments were thorough, up to date or had been acted upon including fire safety risk assessments and a legionella risk assessment.
- The practice did not have an infection control policy and was unable to demonstrate that regular audits of infection control were undertaken.
- Not all staff had received up to date training on safeguarding children and vulnerable adults relevant to their role.
- The practice did not have policies for safeguarding children and vulnerable adults
- Patient group directions which had been adopted by the practice to allow nurses to administer medicines in line with legislation were not always kept up to date.
- Medicines and blank prescription stationary were not always stored securely

At this inspection, we found improvements had been made and the practice is now rated as requires improvement for safe.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies and procedures were monitored, reviewed and updated.	Y

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>We saw training records that showed all staff had undertaken safeguarding training relevant to their role. There were up to date practice policies on child and vulnerable adult safeguarding which were easily accessible on the practice's shared computer drive.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

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: May 2018	Y
There was a record of equipment calibration. Date of last calibration: May 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: April 2018	Y
There was a log of fire drills. Date of last drill: October 2018	Y
There was a record of fire alarm checks. Date of last check: February 2019	Y
There was a record of fire training for staff. Date of last training: March 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: January 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection the practice had commissioned an up to date fire risk assessment undertaken by an external contractor. The assessment identified immediate actions which we saw had been completed or were under way. Progress against the action plan was regularly monitored.</p> <p>The practice had also commissioned an external provider to assess and undertake work for the fixed wire electrical system. The practice had up to date fixed wire testing certificates for both sites (January 2019). An external provider had also tested gas safety and installation and the practice now had up to date gas safety certificates for both sites (October 2018 and November 2018).</p> <p>A new legionella risk assessment had been undertaken in August 2018. Actions identified had been addressed and monthly water temperature checks were now carried out by an external company.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Y
Explanation of any answers and additional evidence:	

Since our last inspection the practice had appointed a health and safety officer at both surgery sites who had both undertaken training on risk management, electrical safety and office safety. They had undertaken up to date health and safety risk assessments of both sites. We saw that action plans had been drawn up to address the risk identified and that several actions were now complete. We saw that concerns that had been identified at the last inspection had also been addressed. This included the fitting of a combination lock on the cleaning cupboard at Middleton Surgery and the fitting of combination locks on consulting room doors and cupboards containing sharps.

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:	February 2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection the practice had updated its infection control policies and procedures. These were made available to staff on the practice's shared policy folders on the intranet. All staff had had face to face training on infection control and had completed on line infection control training.</p> <p>An infection control audit had been undertaken in February 2019 and the practice had acted on the identified risks. These included replacement sinks in the treatment rooms and wall mounted sharps boxes</p>	

Risks to patients

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

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

When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection the practice had included on-line sepsis awareness training as part of its essential training requirements for staff. We saw that all staff had completed this. Written guidance and prompts on the signs of sepsis were on display for receptionists to refer to.</p>	

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
Explanation of any answers and additional evidence: Since our last inspection the practice had significantly reduced the number of clinical records stored in the staff room which was only accessible to authorised staff. It had also undertaken a risk assessment of current storage arrangements in relation to The Data Protection Act 2018, health and safety and fire and had deemed the risks as negligible. It was still exploring long term solutions for the storage of clinical records with the clinical commissioning group.	

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) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.95	0.91	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	10.5%	10.3%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	5.34	5.66	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	3.22	2.13	2.13	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
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
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection the practice had procedures that ensured that patient group directions (PGDs) that were due to expire, were renewed in time and signed by relevant staff. A designated nurse was responsible for ensuring the procedures were followed. We saw that all PGDs had been signed by relevant staff and were in date. This meant that all that clinical staff who were administering vaccinations had signed the appropriate PGDs and were therefore were legally authorised to do so.</p> <p>Also since our last inspection, combination locks had been fitted to all clinical rooms which ensured that blank prescription stationary was always secure when the room was left unattended. We saw that vaccines and medicines were also kept securely and keys were removed from the fridge doors after use. There were processes and procedures to ensure blank prescription stationary was stored securely and usage tracked throughout the practice.</p>	

Track record on safety and lessons learned and improvements made

The practice did not always learn and make 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.	Partial
Number of events recorded in last 12 months:	21
Number of events that required action:	15
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the practice had a system for reporting, recording, discussing and sharing significant events. However, the practice's summary record of significant events identified that there were no learning points for 17 out of the 21 significant events that had occurred even though most of them required some form of action. This meant that there was limited evidence of any learning or reflection from incidents so that care could be improved. We also found that action identified in the records had not always taken place or been followed up. We spoke with the practice about this and they showed us a new template they planned to use which helped to ensure significant events were followed up and closed once action had been completed</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
The results of an electrocardiogram (ECGs) undertaken by a health care assistant had not been acted on appropriately which meant a patient had subsequently been admitted to hospital.	The practice identified that guidelines aimed at ensuring healthcare assistants were aware of the correct procedures for reporting the results of ECGs to the GPs needed to be drawn up and circulated to them. However, we saw that whilst the guidelines had been drawn up they had not been circulated as agreed. We spoke with the practice about this and they assured us that these guidelines would be circulated.

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

The practice was aware of the alerts received. The practice manager disseminated alerts to staff and highlighted them in the weekly global staff email. We could see that alerts were acted on, however there was no system for keeping a central log of the alerts received and the action taken. This meant the practice was unable to provide a clear audit trail.

Effective

Rating: Good

The practice was previously rated as requires improvement for providing effective services. This was because:

- The practice was unable to demonstrate whether and when all staff had received up to date training in their required clinical competencies and other key areas such as basic life support, infection control, safeguarding and information governance.
- Not all staff had an appraisal of their performance during the last year. The practice's records of appraisals showed that some staff including nursing staff had not had an appraisal since 2015.

At this inspection, we found that improvements had been made and the practice is now rated as good for providing effective services.

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

Older people

Population group rating: Good

Findings

- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. The practice worked with a multi-disciplinary team to develop anticipatory care plans that aimed to prevent unnecessary admission to hospital.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.



People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice had clinical leads for diabetes, asthma, COPD, coronary heart disease and heart failure.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.9%	83.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	18.8% (138)	17.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.8%	77.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	21.1% (155)	16.1%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.0%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	24.4% (179)	22.0%	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>	75.0%	68.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	14.9% (98)	15.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.2%	81.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	17.5% (48)	15.8%	11.5%	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>	75.0%	68.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	14.9% (98)	15.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.2%	81.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	17.5% (48)	15.8%	11.5%	N/A

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) <small>(QOF)</small>	85.3%	78.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.7% (94)	6.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	87.8%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	14.6% (42)	6.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice worked closely with midwives and health visitors.
- The practice provided comprehensive sexual health and contraception services.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	83	88	94.3%	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) <small>(NHS England)</small>	88	90	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	88	90	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	88	90	97.8%	Met 95% WHO based target (significant variation positive)

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.

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) <small>(Public Health England)</small>	76.5%	73.7%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer	74.0%	72.1%	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)	62.9%	60.6%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	81.8%	64.4%	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)	57.4%	49.7%	51.9%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening was 76%, which was similar to the national and local average but below the 80% coverage target for the national screening programme.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The practice had a dedicated GP who undertook dementia reviews and the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 100% which was higher than the local and national average.

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)	91.2%	74.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	23.0% (17)	22.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.3%	79.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	18.9% (14)	17.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	82.6%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	4.7% (6)	9.2%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551.6	529.3	537.5
Overall QOF exception reporting (all domains)	7.8%	7.3%	5.8%

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

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

The practice had undertaken several quality improvement activities since the last inspection. This included a six-monthly audit of advanced nurse practitioner prescribing and clinical decision making, an audit of the prescribing of opiate medicines and an audit of adherence to the sepsis template on the clinical system for assessing a patient with an acute infection. The first cycle of these audits had been completed and we saw evidence that second cycles had been planned so that the practice could demonstrate improvements because of these activities. The practice therefore had an ongoing programme of clinical audits.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection the practice had identified essential training requirements for staff and had an up to date record of staff training. We saw that all staff had completed training in essential areas such as safeguarding, infection control, basic life support and information governance. We saw that all staff had had an appraisal in the last year.</p> <p>Since the last inspection the practice had undertaken a six-monthly audit of the prescribing and clinical decision making of the advanced nurse practitioners it employed as part of ensuring the competence of staff employed in advanced clinical practice.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.6%	93.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (24)	0.8%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	50
Number of CQC comments received which were positive about the service.	50
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards Patient interviews	<p>Patient feedback was consistently positive. Patients described their experience of the practice as excellent. They described the staff as caring, friendly and helpful. They told us they felt they received high levels of care and that the staff listened and gave them the time that was needed. They felt that they were treated with dignity and respect. They commented that the premises were always clean and hygienic.</p> <p>One patient said it could be difficult to get an appointment on the day.</p>

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10543	230	124	54%	1.18%

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)	93.8%	89.9%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	95.1%	88.5%	87.4%	-
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.4%	96.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	92.3%	86.0%	83.8%	No statistical variation

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

Any additional evidence
The practice utilised and analysed patient feedback from existing sources which included the Friends and Family Test, the national GP patient survey, NHS Choices, complaints and the patient participation group.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	The patients we spoke with told us that they felt listened to and involved in decisions about their care. They told us that options for treatment were explained to them.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.8%	95.0%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	248 carers had been identified which represented 2% of the practice's list.
How the practice supported carers.	The practice provided carers with a carers information pack and signposted them to the local support organisation for carers. There were dedicated notice boards in both surgeries with information for carers.
How the practice supported recently bereaved patients.	If families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am until 6.30pm
Tuesday	8am until 6.30pm
Wednesday	8am until 6.30pm
Thursday	8am until 6.30pm
Friday	8am until 6.30pm
	8am until 6.30pm
Appointments available:	
Monday	8.30am until 12pm and 2.30pm until 5.30 or 6pm
Tuesday	8.30am until 12pm and 2.30pm until 5.30 or 6pm (from 7.30am at Middleton Surgery for pre-booked patients as part of extended hours)
Wednesday	8.30am until 12pm and 2.30pm until 5.30 or 6pm (from 7.30am at Middleton Surgery for pre-booked patients as part of extended hours)
Thursday	8.30am until 12pm and 2.30pm until 5.30 or 6pm (until 8pm at Yapton Surgery as part of extended hours)
Friday	8.30am until 12pm and 2.30pm until 5.30 or 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10543	230	124	54%	1.18%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.4%	96.1%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice employed a paramedic practitioner who visited older patients with enhanced needs in their own homes or residential care homes.

People with long-term conditions

Population group rating: Good

Findings

- The practice hosted a weekly diabetes specialist nurse clinic which meant that patients could be seen locally without having to travel to the local hospital.
- For long term condition clinics, the practice had same day access to phlebotomy and treatment room services that supported these clinics.

Families, children and young people

Population group rating: Good

Findings

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Female sexual health services were provided on a regular basis.

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. For example, extended access to appointments on Tuesday and Wednesday mornings from 7.30 am and on Thursday evenings until 8pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice offered annual health checks for people with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice had a practice based counselling service for people experiencing poor mental health
- Patients had quick access to working age and older people's mental health services if required.
- Patients with mental health difficulties were encouraged to consult with a named GP to ensure continuity of care.

Timely access to the service

People could access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	85.6%	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)	85.6%	71.1%	68.6%	-
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)	84.1%	67.0%	65.9%	-
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)	80.8%	77.9%	74.4%	No statistical variation

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care, however not all actions agreed because of complaints were followed through.

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	Y
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.	Partial
Explanation of any answers and additional evidence: The records of complaints that we looked at showed that the practice understood its duty of candour and apologised to patients for things that had gone wrong. However, there was limited evidence to show that actions were taken or followed through because of complaints. In its complaints log the practice had only identified that changes were required for four out of the fifteen complaints. For one of the complaints we looked at regarding a staff member, the practice's response to the patient said that the issue would be discussed at their appraisal and additional training would be provided. However, we found that this had not happened. This meant that the practice did not consistently act on complaints to improve the quality of care.	

Well-led

Rating: Requires improvement

The practice was previously rated as requires improvement for providing well led services. This was because:

- Processes for providing all staff with the development and training they needed, required improvement.
- Practice leaders had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended
- The practice did not have effective processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The information used to monitor performance and the delivery of quality care was not always accurate and useful.

At this inspection, we found that most improvements had been made, however the practice is still rated requires improvement for well-led. This was because whilst there was evidence of systems and processes for learning, continuous improvement and innovation, learning from significant events and complaints was not always used or shared effectively to make improvements.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could not 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: Leaders clearly understood challenges to quality and sustainability and worked closely with other practices in the locality to address these. For example, in partnership with other providers, the practice was leading a project to unify information technology systems across the locality so that patient records could be accessed in one place. It was also engaged with communities, stakeholders and the clinical commissioning group to develop strategic plans for the provision of additional primary care services for the increase in patients that would be generated from the building of an additional 2,300 houses in the locality over the next 11 years. Leaders had responded positively to the requirement notices from the last CQC inspection report. They had developed an action plan and set up several work streams to address the issues identified. There was regular monitoring of progress against the action plan. Staff told us that leaders were visible and approachable and that they felt valued.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice's vision was to ensure all patients and healthcare professionals worked together to ensure the most appropriate care was provided. The practice's statement of purpose was displayed on staff noticeboards.	

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 an emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us that they felt able to raise concerns and that there was a 'no blame' culture.</p>	

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

Source	Feedback
<p>Staff questionnaire</p> <p>Interviews with staff</p>	<p>Staff told us that they enjoyed working at the practice and being part of a team that worked well together. They told us they felt supported and valued. They said that they had the training they to undertake their roles and were encouraged to develop their skills. They told us that managers were open and approachable.</p> <p>Staff felt listened to and we were told about several ideas they had put forward that had been taken on board. For example, one staff member had made suggestions about the organising of annual checks for patients with learning disabilities. These had been adopted and the staff member now arranged the annual reviews which included a home visit by a paramedic practitioner if required.</p> <p>Staff told us they were well informed and had regular team and practice meetings as well as training events. The practice manager also produced a weekly internal email for staff which updated them on key issues, including staff changes and medicines and safety alerts.</p> <p>They felt their personal wellbeing was looked after and that they were supported to take sick leave or compassionate leave if required. They enjoyed regular social events for example Christmas and summer celebrations.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
Explanation of any answers and additional evidence: Since our last inspection the practice had reviewed its governance structures and systems with introduction of weekly management meetings to regularly monitor activity and risks. It had updated its policies and procedures and these were now stored in a more organised and accessible format on the shared computer drive. Staff were clear about their roles and responsibilities and lead roles were clearly identified and listed on staff noticeboards for example the safeguarding leads and the infection control lead.	

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.	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: Since our last inspection we saw that the practice had improved arrangements for identifying, managing and mitigating risks in relation to fire safety and health and safety.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: Since our last inspection the practice had set up a training matrix which accurately recorded the status of staff training in essential areas.	

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

Feedback from Patient Participation Group.

Feedback
<p>We spoke with two representatives from the patient participation group (PPG). They told us that the PPG met with the practice every six weeks. They described the practice as open and transparent and felt they shared issues and concerns and kept them updated with action, for example the findings of the last CQC report and anonymised complaints. They told us they felt the practice was very responsive and very pro-active in trying to reach patients and engage with the wider community, for example, they had improved communication with patients by using software that allowed them to email every patient about forthcoming developments and events. They told us that patient feedback about the practice was usually very positive.</p> <p>The PPG held regular 'health talks' for patients on topics which the GPs felt would be of benefit to patients.</p>

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation. However, learning was not always used or shared effectively to make improvements

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had undertaken several quality improvement activities since our last inspection and there was clear evidence of learning and improvement in response to our last inspection. However, whilst there was a system for reporting, recording, discussing and sharing significant events the practice did not always learn and make improvements when things went wrong. Summary records showed limited evidence of any learning or reflection from incidents so that care could be improved. We also found that actions identified in the records had not always taken place or been followed up. We also found that actions identified because of complaints were not always implemented or followed up.</p>	

Examples of continuous learning and improvement

The practice had undertaken several quality initiatives since our last inspection. These included a six-monthly audit of advanced nurse practitioner prescribing and clinical decision making, an audit of anti-coagulant medicines and an audit of adherence to the sepsis template on the clinical system for assessing a patient with an acute infection.

It had also taken part in the productive general practice programme which was designed to help general practice deliver high quality care whilst meeting increasing levels of demand and diverse expectations. We saw that the practice was working on improving the process for giving patients results over the phone.

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.