

# Care Quality Commission

## Inspection Evidence Table

### BLUE DYKES SURGERY (C81008)

Inspection date: 4 April 2019

Date of data download: 21 February 2019

## Overall rating: Good

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

## Safe

## Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	NA
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place 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	Y

Safeguarding	Y/N/Partial
workers. to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice recruitment policy stated that non-clinical staff did not need to have a DBS check. However, the practice was in the process of obtaining DBS checks for all non-clinical staff in order for them to undertake chaperoning duties during consultations if requested.</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
Explanation of any answers and additional evidence:	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 6 <sup>th</sup> September 2018	Y
There was a record of equipment calibration. Date of last calibration: 29 <sup>th</sup> March 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: 4 <sup>th</sup> March 2019	Y
There was a log of fire drills. Date of last drill:	N
There was a record of fire alarm checks. Date of last check:	Y
There was a record of fire training for staff. Date of last training:	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 1 <sup>st</sup> April 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: At the time of our inspection we did not see any evidence of fire drills being carried out. The provider told us that they would be keeping a record of fire drills after the inspection.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 23 <sup>rd</sup> March 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28 <sup>th</sup> March 2019	Y
Explanation of any answers and additional evidence:	

## 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: 28 February 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The infection prevention and control audit was supported by Chesterfield Royal Hospital's infection control team.	

## Risks to patients

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

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

Explanation of any answers and additional evidence:

**Information to deliver safe care and treatment**

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented a protocol to ensure two-week wait referrals were completed correctly following significant events which had been raised due to referrals not being completed in a timely manner. There was also a process to follow up on referrals to ensure that patients were seen in secondary care in a timely manner.</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) <small>NHS Business Service Authority - NHSBSA</small>	1.36	1.12	0.94	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	6.9%	7.2%	8.7%	No comparison available
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 <small>(NHSBSA)</small>	No Data available	No Data available	No Data available	No comparison available
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) <small>(NHSBSA)</small>	No Data available	No Data available	No Data available	No comparison available

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.	Partial
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 changes to a patient's medicines including changes made by other services.	Y

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
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>The system for storing and recording blank prescription stationary tracked movements of prescriptions through the practice however on the day of inspection we saw that some of the recordings were not accurate.</p> <p>The practice demonstrated to us their antimicrobial usage was decreasing. They had put systems in place to improve their prescribing including educational events for non-medical prescribers and locums. There was also information available to patients in the waiting room regarding antibiotic usage.</p>	

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

### The practice learned and made improvements when things went wrong.

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

Number of events recorded in last 12 months:	62
Number of events that required action:	0
<p>Explanation of any answers and additional evidence:</p> <p>The practice encouraged the reporting of any incidents and significant events to identify any areas to improve on. We saw that the practice completed detailed analysis of incidents and had a system for escalating depending on the nature of the incident. The practice completed an analysis of incidents and events, which included a rating of risk. We saw evidence the practice had completed and recorded immediate actions and follow up actions taken. There was an ongoing tracking system of incidents until they had been discussed with the wider team.</p> <p>We saw some evidence of learning being shared within practice meetings however not all significant events had been discussed with the whole team. The practice shared any documented learning with the whole practice team, however any significant events which had not resulted in learning were discussed with the relevant and involved teams.</p>	

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

Event	Specific action taken
Theme of significant events emerged around two-week wait referrals not being completed in a timely manner.	The practice had implemented a system to ensure referrals were processed in a timely manner. All staff were trained on the process and included in temporary staff induction. The practice also had a system to ensure that patients had attended the referral appointment.
Significant events were raised around errors in patients' medicines following discharges from secondary care.	The practice instigated a 'letter triage group' where trained administration staff would review all incoming mail and refer to the appropriate clinician for action. They would track all mail until completed and ensure they were completed in a timely manner.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice pharmacist managed the system for safety alerts and ensured that the appropriate actions were taken to keep patients safe.</p>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

Prescribing	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.68	0.74	0.81	No comparison available

## Older people

## Population group rating: Good

### Findings

- 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.
- Patients at the practice could be referred to a hub at Clay Cross hospital for wound care for complex wound management.

## 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.
- The practice coordinated reviews for patients who had multiple conditions so that their reviews were completed in one appointment where possible.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice offered assessments for detecting atrial fibrillation at flu clinics.

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>	68.9%	70.3%	78.8%	No comparison available
Exception rate (number of exceptions).	14.8% (113)	16.2%	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>	72.8%	71.3%	77.7%	No comparison available
Exception rate (number of exceptions).	11.9% (91)	9.6%	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>	83.8%	78.9%	80.1%	No comparison available
Exception rate (number of exceptions).	12.6% (96)	14.1%	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>	72.6%	71.5%	76.0%	No comparison available
Exception rate (number of exceptions).	16.5% (99)	7.6%	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>	93.0%	79.2%	89.7%	No comparison available
Exception rate (number of exceptions).	10.7% (36)	9.1%	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) <small>(QOF)</small>	84.5%	81.5%	82.6%	No comparison available
Exception rate (number of exceptions).	4.9% (99)	2.6%	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>	97.5%	94.5%	90.0%	No comparison available
Exception rate (number of exceptions).	7.3% (16)	7.1%	6.7%	N/A

#### Any additional evidence or comments

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements 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 or immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice had purchased a machine to assist in patients with Chronic Obstructive Pulmonary Disease (COPD) to assist in assessing patients' conditions at annual reviews.
- Royal Primary Care had developed an Adolescent Wellbeing Service. Patients were sent a card on their 14<sup>th</sup> birthday to offer teenagers relevant health information with links to various support services including psychological health, substance misuse, and eating disorders. This could be accessed via an app, and details were provided on the practice website.

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) <small>(NHS England)England</small>	108	109	99.1%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <small>(NHS England)England</small>	91	97	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <small>(NHS England)England</small>	91	97	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) <small>(NHS England)</small>	91	97	93.8%	Met 90% minimum (no variation)

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

Population group rating: Good

#### Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice held late night opening for cervical screening procedures when necessary.

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)	70.2%	76.0%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.3%	72.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.7%	58.4%	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. (PHE)	62.0%	69.1%	71.2%	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)	49.2%	49.7%	51.9%	No comparison available

#### Any additional evidence or comments

The practice had developed a policy for cervical sample procedures and demonstrated they had implemented a failsafe system for reviewing abnormal or inadequate samples and patients who did not attend for further investigations at secondary care. The system was managed by designated administration teams and the practice nurses.

The practice nurses had published campaigns in the local newspapers to encourage patients to attend for the cervical screening. They had also spoken on local radio stations to promote awareness.

The practice could demonstrate from their unverified 2019 data their cervical screening uptake had increased to 80%.

#### People whose circumstances make them vulnerable

#### Population group rating: Good

#### Findings

- End of life care was delivered in a coordinated way using the gold standard framework, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice demonstrated that they had a system to identify people who misused substances. The practice had a mental health practitioner trained to see patients who misused substances.

- The practice reviewed young patients at local residential homes.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- The practice mental health practitioners offered appointments with patients experiencing poor mental health. The specialist practitioners saw patients and offered specialist advice and ongoing management for patients. The practice could demonstrate that since the implementation of the mental health practitioner role, referrals to secondary care had decreased and patients were able to be supported in their GP practice.
- 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.
- The practice could signpost patients to talking therapies, community mental health teams, crisis team, and other support agencies relevant to patients' needs.
- Standardised templates had been developed for mental health consultations.
- 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.

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) <small>(QOF)</small>	98.5%	92.1%	89.5%	No comparison available
Exception rate (number of exceptions).	23.0% (20)	12.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.6%	89.3%	90.0%	No comparison available
Exception rate (number of exceptions).	14.9% (13)	9.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.9%	82.9%	83.0%	No comparison available
Exception rate (number of exceptions).	14.7% (17)	6.4%	6.6%	N/A

#### Any additional evidence or comments

The practice's mental health practitioner managed the QOF for patients with mental health indicators. We reviewed the exception reporting and found that the patients excluded from QOF were patients who were not actively receiving treatment for their mental health condition.

#### 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)	543	Data Unavailable	537.5
Overall QOF exception reporting	6.5%	Data Unavailable	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
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- The pharmacy team across Royal Primary Care completed many audits on prescribing and high-risk medicines and demonstrated improvements in many areas of prescribing.
- The practice completed an annual audit on cervical cytology to monitor how many inadequate samples the practice had obtained following significant events of inadequate samples. The audit demonstrated a decrease in inadequate samples from the previous audit.

**Any additional evidence or comments**

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence	

## Coordinating care and treatment

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

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

For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	NA
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence:	

## 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: A care coordinator was based at the practice to support patients who needed extra social support or signposting to local agencies or support systems.	

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>	96.2%	96.2%	95.1%	No comparison available
Exception rate (number of exceptions).	0.6% (20)	0.6%	0.8%	N/A

### Any additional evidence or comments

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## Consent to care and treatment

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

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

# Caring

## Rating: Good

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	57
Number of CQC comments received which were positive about the service.	54
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Comment cards were mainly positive about the practice including feedback on staff being helpful and kind. Patients reported that staff were pleasant and professional and supported patients through difficult times.
Patient feedback	Patients we spoke with during the inspection were consistently positive about the way they were treated at the practice.

## 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
Not available	267	106	39.7%	Not available

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)	86.3%	88.6%	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)	86.0%	87.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.2%	95.1%	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)	75.4%	84.5%	83.8%	No statistical variation

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

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The practice had a care coordinator attached to the practice to assist patients who needed additional support for social aspects of care.	

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	89.7%	91.2%	93.5%	No statistical variation

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

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Carers	Narrative
Percentage and number of carers identified.	430 carers (4% of practice population)
How the practice supported carers.	Practice had a designated carers lead to assist in coordinating services for carers. Carers were sent information on local services available and could signpost to the care coordinator if they needed any further support.
How the practice supported recently bereaved patients.	The practice care coordinator offered support to any bereaved patients and signposted them to local services if necessary.

### Privacy and dignity

#### The practice respected patients' privacy and dignity.

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

# Responsive

# Rating: Good

## Responding to and meeting people's needs

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

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

Practice Opening Times	
Blue Dykes Surgery	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 8.30pm
Thursday	7am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 8pm
Thursday	7am to 6pm
Friday	8am to 6pm
Grassmoor surgery	
Opening times:	
Monday	8am to 6.30pm
Tuesday	1pm to 6.30pm
Wednesday	8am to 1pm
Thursday	8am to 1pm
Friday	8am to 6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	267	106	39.7%	Not available

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.6%	94.8%	94.8%	No statistical variation

### Any additional evidence or comments

## 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 and complex medical issues.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Patients who did not attend their annual reviews were placed on a 'waiting list' and contacted by a clinician to encourage them to attend but ensure patients spoke with a clinician about their condition.

## **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.
- The practice nurses attended local schools to talk to children and educate them in common doctors appointment procedures such as asthma tests and blood pressure readings. They also educated children on how to lead healthier lives.

## **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.
- The practice offered extended hours from 7am on Thursdays and also until 8.30pm on Wednesday evenings. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice completed training on how to complete learning disability reviews and the practice used a specific template to record the review in the patient records.

**People experiencing poor mental health**

**Population group rating: Good**

**(including people with dementia)**

**Findings**

- The practice offered longer appointments to patients experiencing poor mental health. The specialised mental health practitioner offered routine appointments to patients for continuity of care.
- 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	

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)	44.3%	N/A	70.3%	-
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)	44.2%	68.8%	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)	54.4%	70.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	59.4%	75.7%	74.4%	No statistical variation

### Any additional evidence or comments

The practice had implemented a 'pool' system to optimise the amount of appointments to be available on the day. This included a range of appointments available with a range of health professionals who were supported by a GP. Patients would be booked into the pool slots and allocated to the appropriate clinician. Patients were given a time slot of a 'sit and wait' clinic and would be seen by the most appropriate clinician within 30 minutes.

The practice also continued to amend the appointment system and offered patients the choice to book

appointments up to two weeks in advance with nurse appointments being available up to 12 weeks in advance.

The practice had also implemented a drop-in weekly clinic for blood tests for patients to avoid having to book appointments. Patients reported that this worked well and were positive about the service.

The practice conducted their own patient survey in March 2019 to review areas which were found to be low in the national GP survey in 2018 from 43 patients. The practices survey demonstrated that patient satisfaction was higher on all questions than what was found in the national survey. The practice provided us with unverified data which demonstrated that:

- 54% of their respondents said it was easy to access the practice on the phone showing an increase of 10% from the 2018 national survey.
- 59% of their respondents had a positive experience of making an appointment which is 15% higher than the 2018 national survey
- 71% of their respondents said they were satisfied with the appointments which were offered to them which was 17% higher than the 2018 national survey

Source	Feedback
Comment cards	Some patients reported that appointment availability had improved, and they that getting an appointment was easy, however two comment cards reported difficulties in getting appointments and the other included that receptionists attitude was not helpful.
Patient interviews	We spoke with seven patients during the inspection where two of them reported it wasn't always easy to book an appointment at the surgery. Patients knew they had options to be treated at both sites and some patients were aware of the other locations to obtain appointments.

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined.	15
Number of complaints we examined that were satisfactorily handled in a timely way.	15
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
An issue with the online booking system not booking appropriate clinicians meant a wasted appointment for a patient	Booking system reviewed and redesigned to ensure that appointments were booked with the correct clinicians.
Patient got conflicting advice following routine tests	The practice updated their website to include information on what happens with test results and what patients should expect.
A two week wait referral was missed by a clinician resulting in a delayed appointment in secondary care	The practice reviewed their processes and implemented a system to follow two-week wait referrals and review if patients attended their appointments.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice lead nurse had completed leadership training which included coaching techniques to effectively communicate and drive teams to work to their best ability. This had been recognised by management and was looking at being applied to other areas in the practice.	

### 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 provider had regular governance meetings where ongoing risks and issue were discussed. Actions were documented and reported to the group.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	

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

Source	Feedback
Staff feedback	<p>Staff we spoke with at the practice reported they enjoyed working there and felt supported in their roles. Staff reported that changes within the service were well documented and distributed to all staff.</p> <p>The provider completed an annual staff survey to receive feedback from staff on a variety of areas. They demonstrated that overall staff satisfaction had improved.</p> <p>The provider arranged activities such as fitness programmes for staff and were looking into offering mental health support to staff. The practice also encouraged supporting charities in fundraising activities and promoting awareness within the practice.</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
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	



## Managing risks, issues and performance

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

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

## Appropriate and accurate information

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

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

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
The practice had a small patient participation group who met regularly. The PPG meetings were attended by the practice and minuted with all discussions and actions. The meetings had standard agenda items to discuss Friends and Family feedback, appointments which were not attended, complaints and surgery news. The PPG had completed fundraising work and had purchased water coolers which were awaiting instalment.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	
The practice told us that learning was discussed at the governance meetings and also shared in staff briefings. We saw some evidence of learning being shared within practice meetings however not all significant events had been discussed to the whole team.	

## Examples of continuous learning and improvement

- The practice has a programme of clinical and non-clinical audit which demonstrated improvements in compliance.
- The practice had an improvement plan which captured all areas which were found in their previous

CQC report where ongoing actions were recorded until they had resolved all issues. These were discussed at the governance meetings.

- The provider encouraged patients to be involved in research studies and clinical trials.
- The practice lead nurses had signed up to develop and deliver a plan to promote practice nursing and were in talks to disseminate across the wider CCG network.

## 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.

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:  
<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **RCP:** Royal College of Physicians.
- **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.