

Care Quality Commission

Inspection Evidence Table

Dr Abhijit Neil Banik (1-528953227)

Inspection date: 13 March 2019

Date of data download: 26 February 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	YES
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	YES
There were policies covering adult and child safeguarding.	YES
Policies and procedures were monitored, reviewed and updated.	YES
Policies were accessible to all staff.	YES
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	YES
There was active and appropriate engagement in local safeguarding processes.	YES
There were systems to identify vulnerable patients on record.	YES
There was a risk register of specific patients.	YES
Disclosure and Barring Service (DBS) checks were undertaken where required.	YES
Staff who acted as chaperones were trained for their role.	YES
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	YES
Explanation of any answers and additional evidence: The practice safeguarding policies and procedures were updated in June 2018 and included an update to the safeguarding team contact details where required.	

Safeguarding	Y/N/Partial
<p>All non-clinical staff had completed safeguarding training at level one. The lead GP had completed level three training, and had a face to face training update booked the following week. Both the advanced nurse practitioner and the practice nurse had completed training at level three.</p> <p>Staff spoken with were aware of how to raise a safeguarding concern and had experience of doing so. Both members of staff were very clear in explaining how this would be done and felt able to approach and discuss safeguarding concerns with the lead GP.</p> <p>The practice had a system to identify vulnerable patients. Patients and their families were read coded and were identified with pop up flags on the IT system.</p> <p>The practice held a list of vulnerable patients and met with the health visitor team on a bi-monthly basis to discuss care and treatment.</p> <p>The practice had made reports regarding vulnerable adults and children to social services and the health visitor service.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	YES
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	YES
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	YES
Staff had any necessary medical indemnity insurance.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The majority of the staff team at the practice had been in post long term. The personnel file for a regular clinical locum was reviewed and it contained all the required information, training certificates, and a signed completed induction.</p>	

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: 09/11/2018	YES
There was a record of equipment calibration. Date of last calibration: 09/11/2018	YES
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	YES
There was a fire procedure.	YES
There was a record of fire extinguisher checks. Date of last check: 20/08/2018	YES
There was a log of fire drills. Date of last drill: 19/09/2018	YES
There was a record of fire alarm checks. Weekly, recorded in a log book.	YES
There was a record of fire training for staff. Date of last training: March 2019	YES
There were fire marshals.	YES
A fire risk assessment had been completed. Date of completion: 17/09/2018	YES
Explanation of any answers and additional evidence: The Practice Manager was lead for fire safety and the identified Fire Marshall.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 17/09/2018	YES
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 07/07/2018	YES
Explanation of any answers and additional evidence: The practice had a burglar alarm system and CCTV installed and this equipment was checked annually by an external organisation.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	YES
Staff had received effective training on infection prevention and control.	YES
Date of last infection prevention and control audit:	11/02/2019
The practice had acted on any issues identified in infection prevention and control audits.	YES
The arrangements for managing waste and clinical specimens kept people safe.	YES
Explanation of any answers and additional evidence: Infection control risk assessments were reviewed on 11/02/2019 by the practice manager and CCG. Actions to be completed included installing a hand towel dispenser and the removal of hand soap in favour of a soap dispenser. Paper hand towels and a soap dispenser were observed during the inspection.	

Risks to patients

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

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	YES
There was a system for processing information relating to new patients including the summarising of new patient notes.	YES
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	YES
Referral letters contained specific information to allow appropriate and timely referrals.	YES
Referrals to specialist services were documented.	YES
There was a system to monitor delays in referrals.	YES
There was a documented approach to the management of test results and this was managed in a timely manner.	YES
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	YES
Explanation of any answers and additional evidence: Individual care records reviewed contained clear and detailed information, pop up alerts had been added for the information of clinicians and staff as required, and were up to date. A sample of both urgent and routine referral letters were reviewed and we found these to be comprehensive.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.77	1.04	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	9.9%	8.9%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	8.38	6.22	5.64	Variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.92	2.25	2.22	No statistical variation

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

Medicines management	Y/N/Partial
appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	YES
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	YES
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NONE
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	YES
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	YES
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	YES
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	YES
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice stored oxygen in the treatment room and had access to a public defibrillator which was situated outside of the fire station directly next door. The practice had completed a risk assessment in relation to accessing this defibrillator and all staff knew where it was and how to access it in an emergency.</p> <p>Repeat prescriptions for high risk medicines were reviewed by the lead GP prior to re-prescribing and repeat medicines were reviewed prior to re-authorisation. Medication reviews had been completed for all of the patients reviewed during the inspection. For example, there were two patients prescribed lithium, and both had received a review prior to their medicine being re-prescribed.</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.	YES
Staff knew how to identify and report concerns, safety incidents and near misses.	YES
There was a system for recording and acting on significant events.	YES
Staff understood how to raise concerns and report incidents both internally and externally.	YES
There was evidence of learning and dissemination of information.	YES
Number of events recorded in last 12 months:	11
Number of events that required action:	11
Explanation of any answers and additional evidence:	
<p>The practice had carried out a significant event analysis and had held a review meeting on 14 February 2019 when all events were examined and trends identified. The review included details of actions taken and specific learning points.</p> <p>A file was available in the reception area for staff members to record and report events. The forms were appropriately completed. Significant events were discussed at monthly practice meetings and were a standing agenda item. Three sets of meeting minutes were reviewed and all contained evidence of events being recorded, shared, reviewed and action taken accordingly. Staff spoken with were aware of how to raise events, knew how to access the file to record information and could reflect changes made as a result of an event.</p> <p>Three sets of minutes were reviewed and these all had significant events as a standing agenda item. The meetings were held monthly and the minutes kept in reception for all staff to access.</p>	

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

Event	Specific action taken
Patient wrongly identified.	Processes were reviewed and staff reminded to follow a three-point check to identify patients, being name, date of birth and address and to check whether more than one page was open on the computer.
Email prescription not actioned.	Some emails were automatically going in to the junk email folder. As a result, the reception staff checked the junk folder daily.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	YES
Staff understood how to deal with alerts.	YES
Explanation of any answers and additional evidence:	
The practice maintained a spreadsheet regarding safety alerts. Searches were carried out to identify	

patients where required and action was taken as appropriate. For example, the practice had identified patients prescribed sodium valproate and hydrochlorothiazide and had taken appropriate action, which was recorded in the patient care and treatment notes.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.13	0.83	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice was involved in a frailty/multi-morbidity project whereby, patients with multiple morbidities who were identified via a frailty index were having CCG supported pharmacy reviews.
- Patients with moderate/severe frailty who were house bound were reviewed by the district nurse lead. These were then discussed with the GP and patients identified as having moderate/severe frailty were reviewed for possible de-prescribing of medication at their annual medication reviews with the GP.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The lead GP had a specialist interest in COPD and had been involved in the development of a patient information pack, which was used at the practice to support patients.
- The lead GP followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice had carried out an audit on the overuse of salbutamol and was aiming to prescribe dual purpose inhalers where possible.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. The practice had a 0% exception rate, compared with the CCG average of 4% and the England average of 6%.
- The practice could demonstrate that they were exception reporting appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.6%	78.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.6% (18)	11.7%	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>	73.8%	75.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	21.3% (33)	10.4%	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>	78.1%	80.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.4% (27)	13.8%	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>	73.4%	71.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (2)	10.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.5%	87.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	13.9% (17)	11.5%	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>	80.6%	79.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	11.3% (54)	4.6%	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>	97.1%	81.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.0%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 in secondary care or for immunisation and would liaise with health visitors when necessary. Young people could access services for sexual health and contraception and there was a leaflet in the waiting room.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	40	43	93.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	42	45	93.3%	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) (01/04/2017 to 31/03/2018) (NHS England)	42	45	93.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	41	45	91.1%	Met 90% minimum (no variation)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. These were carried out off site, however, the information and results from the health check were fed-back to the practice, where there was appropriate and timely follow-up on the outcome, where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	70.2%	74.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	60.8%	74.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	52.4%	57.8%	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)	66.7%	69.5%	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)	57.1%	58.2%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The staff team had completed training in dementia care.

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)	90.9%	85.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.7% (2)	14.5%	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)	97.1%	85.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.9% (1)	11.8%	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)	78.8%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.7% (2)	5.4%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553.3	529.1	537.5
Overall QOF exception reporting (all domains)	6.3%	5.7%	5.8%

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

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

- The practice had completed an audit of patients prescribed NOACS (new generation oral anti-coagulants) to identify all patients prescribed this medicine and keep them under review. There

was a re-audit in 2019.

- The practice had completed an audit to identify patients who were high users of Ventolin as a result of this those patients identified were called in to the practice for a review.

Any additional evidence or comments

The practice had been involved in two projects to uncover dementia patients from high risk groups of patients who were not known or coded with a diagnosis of dementia. This resulted in a doubling of the dementia patients at the practice from 19 to 38. All identified patients were referred for and underwent brain scanning, blood tests and were referred to the memory clinic for ongoing care and management.

Effective staffing

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

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

Coordinating care and treatment

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

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

organisations were involved.	
Patients received consistent, coordinated, person-centred care when they moved between services.	YES

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.1%	93.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0 (0)	0.7%	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.	YES
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	YES
The practice monitored the process for seeking consent appropriately.	YES

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	12
Number of CQC comments received which were positive about the service.	11
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards:	Comment cards stated that patients could always get a same day appointment; that the staff team were competent and compassionate and the lead GP caring; that the staff team were all helpful and caring; that the GP took time to listen and reassure; that the practice offered a personal approach; that the lead GP explained symptoms so the patients could understand and that the surgery was needed within the community.

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
3004	347	108	31.1%	3.60%

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)	73.4%	86.3%	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)	69.9%	85.2%	87.4%	Variation (negative)
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)	85.2%	95.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	77.7%	81.5%	83.8%	No statistical variation

Any additional evidence or comments

Feedback on NHS Choices, in CQC comment cards and from a patient participation group member was positive about the care and treatment received at the practice. This information is detailed within the body of this evidence table.

The practice had been in the process of merging with a separate provider and had not formally recruited clinical staff prior to this process being completed. The practice had recruited regular locum clinical staff. However, as the merger was no longer going ahead, the practice was in the process of recruiting both a practice nurse and an advanced nurse practitioner, each for four sessions per week.

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

Any additional evidence

A patient survey was carried out in 2017. This identified high call volume between 8am and 9am at the practice. A process was introduced whereby calls regarding results and referrals were to be made after 10.30am, thereby reducing the burden of incoming calls.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	YES
Staff helped patients and their carers find further information and access community and advocacy services.	YES
Explanation of any answers and additional evidence: The practice had access to a Care Navigator who could signpost patients to outside agencies and services. There was a self-referral counselling and podiatry service, and a variety of local links were identified in the patient waiting area.	

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)	81.9%	92.5%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 29 carers, which is approximately 1% of the registered patient list.
How the practice supported carers.	There was information available in the waiting area for carers, who were also offered flu vaccinations and health checks.
How the practice supported recently bereaved patients.	The practice sent sympathy cards to bereaved patients which were signed by the GP. They also made sure that the staff team were aware for increased sensitivity. During the inspection, reception staff were observed taking a call regarding a bereavement, immediately informing the GP who also immediately acted by speaking to the patient.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	YES
Consultation and treatment room doors were closed during consultations.	YES
A private room was available if patients were distressed or wanted to discuss sensitive issues.	YES
There were arrangements to ensure confidentiality at the reception desk.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Reception staff were observed treating patients with respect and consideration. This included patients who came in to the practice as well as those on the telephone. Patients were offered appointments later the same day and were offered telephone triage. Staff knew patients by name and were able to pass on specific information identified by the lead GP. For example, he had written a note for the receptionist to pass on to a patient who had made a query regarding taking vitamins in pregnancy.</p>	

Responsive improvement

Rating:

Requires

Responding to and meeting people's needs

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

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

Practice Opening Times

Day	Time
Opening times:	
Monday	8am -1pm & 2pm – 6.30pm
Tuesday	8am -1pm & 2pm – 6.30pm
Wednesday	8am -1pm & 2pm – 6.30pm
Thursday	8am -1pm & 2pm – 6.30pm
Friday	8am -1pm & 2pm – 6.30pm
Appointments available:	
The lead GP carried out telephone triage appointments each morning from 8am until 9.30am. There were twelve telephone slots available, but more would be added if required. These calls determined whether an appointment was necessary for the patient, and if so, who had the most appropriate skill set to meet the patients care and treatment needs.	
The lead GP was part of the local GP federation, appointments were available at the Folkestone hub from 8am to 8pm seven days each week and these could be booked via the practice, or 111.	
There were three available GP appointments left on the day (13/03/2019), an appointment with the advanced nurse practitioner on 15/03/2019 and a routine appointment with the lead GP on 21/03/2019.	
Monday	8am – 11am & 3:50pm – 5:50pm
Tuesday	8am – 11am & 3:50pm – 5:50pm
Wednesday	8am – 11am & 3:50pm – 5:50pm
Thursday	8am – 11am
Friday	8am – 11am & 3:50pm – 5:50pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3004	347	108	31.1%	3.60%

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)	85.8%	95.7%	94.8%	No statistical variation

Older people

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice had access to the CCG initiated home visiting service for two patients each day, however, the lead GP always carried out the visit if the patient was receiving palliative care. In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> 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.

Families, children and young people

Population group rating: Requires improvement

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A baby clinic was held once weekly at the practice. However, parents could book vaccinations at any available appointment with the locum practice nurse.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- The practice provided on-line services, for example, to book an appointment, request a prescription and register as a new patient.
- The practice used the Electronic Prescription Service (EPS), and patients could collect their repeat prescriptions from a nominated pharmacy.
- Patients were able to access appointments, booked via the practice, from 8am to 8pm seven days a week at the Folkestone GP federation hub.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

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 manager had undertaken specific training in migrant care.
- The practice was aware of where to refer patients who requested gender transition and ensured that their preferred name was recorded on the IT system and that correspondence was addressed to the preferred name.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- 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.
- The practice offered a self-referral counselling service and could refer patients for psycho-therapy.

Timely access to the service

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

National GP Survey results

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

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)	52.7%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	55.9%	67.4%	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)	54.3%	65.9%	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)	68.9%	74.9%	74.4%	No statistical variation

Source	Feedback
For example, NHS Choices	Since May 2018 the practice had received seven comments on NHS Choices. Five of these patients rated the practice as five stars, one rated the practice as four stars and one as three stars. Typically, patients stated that they are very happy with the service provided at Park Farm Surgery. Overall the practice was rated as three and a half stars.

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.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	YES
There was evidence that complaints were used to drive continuous improvement.	YES

Example(s) of learning from complaints.

Complaint	Specific action taken
There was insufficient vaccine supply at the practice after a bank holiday.	The practice carried out baby immunisations on the same morning that vaccines were re-ordered, leaving little time for staff to carry out both tasks. The main baby immunisations clinic was moved to a different day to allow time for stock checking and re-ordering.

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.	YES
They had identified the actions necessary to address these challenges.	YES
Staff reported that leaders were visible and approachable.	YES
There was a leadership development programme, including a succession plan.	YES
Explanation of any answers and additional evidence: The lead GP had identified areas of challenge and cited recruitment of staff as a key action to address these areas. The practice was in the process of recruiting both a practice nurse and an advanced nurse practitioner, each for four sessions per week. The practice already had both of these as long-term regular locum members of the team. The practice had identified that an additional receptionist was required and were actively recruiting. An additional salaried GP was also being considered by the practice as part of the solution to ensure quality and sustainability. Staff spoken with told us that they felt very supported by the leaders at the practice and that they could raise any issues or concerns. They felt able and supported to ask for additional training as when they required it.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	YES
There was a realistic strategy to achieve their priorities.	YES
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	YES
Staff knew and understood the vision, values and strategy and their role in achieving them.	YES
Progress against delivery of the strategy was monitored.	YES
Staff spoken with stated that the practice mission statement was to provide the best possible care for patients. They told us that this was a shared vision across the staff team. Staff also told us, that as the practice was small, they had good knowledge of the registered patients and worked hard to ensure patient centred care. The practice has had a period of special measures, and staff told us that during this period it was difficult to recruit clinical staff. The practice had worked with a part time locum practice nurse and a part time advanced nurse practitioner to provide the required cover. Staff told us that the intention was to complete	

the recruitment of staff to post as soon as they were able. During the special measures period, the practice had considered merger opportunities with neighbouring GP practices. However, after a consultation period this was not considered as the best way forward.

The practice had worked with the South Kent Coast CCG to make improvements to their environment and infection control processes.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	YES
Staff reported that they felt able to raise concerns without fear of retribution.	YES
There was a strong emphasis on the safety and well-being of staff.	YES
There were systems to ensure compliance with the requirements of the duty of candour.	YES
Explanation of any answers and additional evidence: Staff spoken with were positive about the leaders at the practice and told us that they felt very supported, that there was an open-door policy and that they could raise any issues or concerns. There had been high staff retention, with some members being employed for over twenty years. Staff told us that the lead GP and practice manager made time for their staff and that they felt supported by them.	

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	YES
Staff were clear about their roles and responsibilities.	YES
There were appropriate governance arrangements with third parties.	YES
Explanation of any answers and additional evidence: Practice meetings were held monthly, which all staff attended. Learning from significant events and any complaints was shared as a standing agenda item. Policies and procedures were accessible, reviewed and updated as appropriate. Staff were aware of the roles of the lead GP and practice manager. Non-clinical staff worked across areas in a multi-skilled way.	

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.	YES
There were processes to manage performance.	YES
There was a systematic programme of clinical and internal audit.	YES
There were effective arrangements for identifying, managing and mitigating risks.	YES
A major incident plan was in place.	YES
Staff were trained in preparation for major incidents.	YES
When considering service developments or changes, the impact on quality and sustainability was assessed.	YES

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	YES
Staff views were reflected in the planning and delivery of services.	YES
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a patient participation group, which was active and had three main members. Although not spoken with during the inspection, one member of the group did provide written feedback. Information regarding the PPG was available on the practice website and in the patient waiting area.</p> <p>The practice held monthly staff meetings. Staff told us they were informed of changes at staff meetings and as information arrived, and could raise any ideas or concerns to be discussed.</p> <p>The practice had been working with the South Kent Coast CCG since the last inspection to make improvements to the practice environment and infection control.</p>	

Feedback from Patient Participation Group.

Feedback
A PPG member stated that patients received a consistent service which had a family feeling and that the staff team were friendly, helpful and caring. They told us that they always felt listened to and had received exceptional care.

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.	YES
Learning was shared effectively and used to make improvements.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The lead GP was the CCG respiratory lead and Chair of East Kent Respiratory Network with specific interest in long term conditions such as asthma, COPD and diabetes.</p> <p>The practice had participated in a project with a small finger ECG known as ALIVECOR. The project involved in the use of a finger ECG device which was used to check patients with suspected arrhythmia or irregular pulse, which gave immediate results.</p>	

Examples of continuous learning and improvement

The practice held regular meetings and these were used to discuss new NICE guidance or safety alerts as well as significant events and complaints. The lead GP and advanced nurse practitioner (ANP) discussed complex cases and the ANP and practice nurse met on Tuesdays to discuss their cases if required.

All staff at the practice were encouraged to attend protected learning time.

Staff spoken with told us that additional training was provided if requested, for example, training in e-referral had been provided.

The lead GP was the CCG respiratory lead and Chair of East Kent Respiratory Network. He contributed to the development of the East Kent COPD services patient information pack which was being rolled out across East Kent and Surrey and Sussex.

The practice was observed to be keen to be a pilot site, as demonstrated by involvement in the ALIVECOR project.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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