

# Care Quality Commission

## Inspection Evidence Table

### Bridgeside Surgery (1-543128957)

Inspection date: 8 March 2019

Date of data download: 03 March 2019

## Overall rating: Requires Improvement

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

### Safe

### Rating: Inadequate

#### Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Partial
Policies were accessible to all staff.	Partial
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	No
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.	Partial
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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice used locum GPs and we were told that their registration, insurance and other checks were carried out using an online system prior to them undertaking duties within the practice. However, there was no record of this kept by the practice and no system to verify that relevant training had been undertaken.</p> <p>A risk assessment for non-clinical staff in relation to disclosure and barring service (DBS) checks did not take account of those with chaperoning duties.</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:	Yes June 2018
There was a record of equipment calibration. Date of last calibration:	Yes November 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Partial
There was a fire procedure.	Partial
There was a record of fire extinguisher checks. Date of last check:	Yes December 2018
There was a log of fire drills. Date of last drill:	No 2015
There was a record of fire alarm checks. Date of last check:	Yes February 2019
There was a record of fire training for staff. Date of last training:	Partial September 2017
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	Yes January 2019

Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
<p>There were no risk assessments for the storage of hazardous substances within the practice. Data sheets were kept on the premises for cleaning chemicals kept in the cleaning cupboard. However, there was no data sheet for chlorhexidine gluconate spray and this was kept in the nurses room on the side and the room was generally unlocked.</p> <p>A fire procedure was seen on the computer desktop but had not been reviewed since 2015. An older version of the fire procedure was seen in the fire safety file and this was dated November 2011.</p> <p>There was no log of fire drills having taken place. Evidence showed that the most recent fire drill had been carried out in 2015.</p> <p>Fire training was not maintained on the practice training log. Evidence showed that the most recent fire training had been carried out on site in September 2017.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	No
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	No
Explanation of any answers and additional evidence:	
<p>A practice inspection safety checklist had last been completed in June 2015. This included checks relating to fire safety, housekeeping, first aid, storage of chemicals, electrical equipment, policies and infection control. However, the checklist was not being completed at the time of inspection and there had been no evidence of health and safety or premises risk assessments carried out since 2015.</p>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Partial
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit:	November 2018
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:	
<p>The infection control policy had not been reviewed since 2017. Staff had received infection prevention and control training, however training records showed that some staff had not had recent training. For example, two members of the clinical team had no record of infection control training and two had not had training since 2015.</p> <p>The practice had acted on issues identified in the infection prevention and control audit. For example, 'no touch' soap dispensers and wipe clean blood pressure cuffs had been implemented.</p>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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	Yes

needed for their ongoing care was shared appropriately and in line with relevant protocols.	
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### Appropriate and safe use of medicines

**The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.14	0.99	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)	7.8%	8.4%	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)	5.61	5.92	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.51	2.20	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.	No
Blank prescriptions were kept securely and their use monitored in line with national guidance.	No
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	n/a
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

Medicines management	Y/N/Partial
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 appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	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>There was no lock on the medicine cupboard door in the nurse's room and the room door was regularly kept unlocked. Risks associated with this had not been identified. Blank prescriptions were not kept securely. Computer prescriptions were in unlocked printer trays in unlocked rooms. Boxes of computer prescriptions were stored openly behind the reception desk. While there was evidence of tracking of prescriptions pads there was no tracking of printer prescriptions in place.</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:	4
Number of events that required action:	4
Explanation of any answers and additional evidence: All staff we spoke with knew how to report significant events. There was evidence that significant events were discussed in meetings. Discussions included ways to reduce the likelihood of an event recurring and the criteria for identifying significant events. We also saw that meetings included discussions around encouraging staff to report incidents.	

### Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Confidentiality breach.	The practice reviewed the circumstances of the breach and discussed this with staff involved. Action taken included reminding staff to delete incomplete referral records that are not to be sent to reduce the likelihood of this being sent inadvertently.
Patient collapse.	A review of the incident took place with a range of staff to identify learning and any action to be taken. A specific action included purchasing an bag valve mask at the request of the paramedic to aid in resuscitation.

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: There was evidence that safety alerts had been shared with staff and appropriate actions were taken and the outcome recorded.	

## Effective

## Rating: Requires Improvement

### 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 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
Explanation of any answers and additional evidence:	

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>	1.60	1.17	0.81	No statistical variation

## Older people

## Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks were offered to patients over 75 years of age.</li> </ul>



## People with long-term conditions

## Population group rating: Requires Improvement

### 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.9%	84.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	22.2% (87)	17.3%	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>	78.5%	79.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.4% (25)	15.7%	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>	83.1%	86.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.3% (60)	18.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.2%	74.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (31)	12.4%	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>	91.7%	92.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.0% (18)	14.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.8%	82.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.6% (32)	4.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	85.6%	85.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.6% (9)	4.9%	6.7%	N/A

## Families, children and young people

## Population group rating: Requires Improvement

### Findings

- Childhood immunisation uptake rates were better than 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.

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)	77	78	98.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	82	84	97.6%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	82	84	97.6%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	83	84	98.8%	Met 95% WHO based target (significant variation positive)

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

### Population group rating: Requires Improvement

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat 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	80.9%	73.8%	71.7%	No statistical variation

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.3%	68.3%	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)	62.8%	58.3%	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)	71.1%	74.9%	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)	62.5%	62.9%	51.9%	No statistical variation

**People whose circumstances make them vulnerable**

**Population group rating: Requires Improvement**

**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 provided annual health checks for patients with a learning disability.

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

**Population group rating: Requires Improvement**

**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.

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)	82.5%	90.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.9% (7)	20.1%	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)	96.7%	90.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.7% (3)	14.8%	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)	72.2%	78.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (5)	6.0%	6.6%	N/A

**Any additional evidence or comments**

The practice was below the local and national average for patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record. However, their exception reporting was 10% below average in this area which meant that the percentage of patients having an agreed plan was similar to that of both clinical commissioning group and national averages.

**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)	557.6	551.8	537.5
Overall QOF exception reporting (all domains)	5.7%	7.1%	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

- An audit into polypharmacy prescribing for elderly patients was undertaken. This led to discussions in clinical meetings about prescribing practices and shared learning among the team.
- An audit into sodium valproate prescribing for women of child bearing age ensured that the practice was prescribing and monitoring patients in line with current guidance.
- Other prescribing audits were carried out, some in conjunction with the medicines management team at the clinical commissioning group, others GP led within the practice.

## Effective staffing

**The practice was unable 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.	Partial
Staff had protected time for learning and development.	Partial
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	n/a
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
<p>Explanation of any answers and additional evidence:</p> <p>Staff reported that they received an annual appraisal and a log of this was maintained. For example, nurses were appraised by GPs and their learning and development needs assessed as part of the process. Nurses reported they had access to specific training to deliver care, support and treatment and we viewed evidence of this on the practice training log.</p> <p>There were some gaps in training. Fire training had not been done since 2017. Infection control for some clinical staff had not been updated in three years. Four clinical staff had yet to do adult safeguarding training and five had yet to do child safeguarding training. It was unclear what level of safeguarding training staff were undertaking and not all GPs and nurses had done child safeguarding level three training. Only one GP had done Mental Capacity Act 2005 and deprivation of liberty safeguards training. Only two staff had completed moving and handling training and only one member of the clinical team had completed data security training.</p>	

## 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)	Yes



(QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: The practice had collaborative working with local specialist nurses, district nurses, adult social care, hospice and hospital specialists. This included at monthly multidisciplinary meetings where the care of vulnerable patients was reviewed and discussed.	

## 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
Explanation of any answers and additional evidence: There was a range of information in the waiting area for patients on different aspects of health promotion. For example, on health screening, diet and exercise and stopping smoking support. There was health promotion notice board in the waiting area and staff had used this to raise of blood pressure monitoring among the patient population as their quality outcome framework (QOF) performance in this area had dropped. Support for stopping smoking was provided within the practice by the healthcare assistant.	

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	97.9%	94.1%	95.1%	No statistical variation

smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.7% (13)	1.1%	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
Explanation of any answers and additional evidence: Staff had not all received training around the requirements of the Mental Capacity Act (2005) although clinicians had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.	

# Caring

## Rating: Good

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	83
Number of CQC comments received which were positive about the service.	77
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards and patient interviews	Patients told us they received an excellent service from the practice with caring professional and respectful GPs, nurses and staff. Six mixed comment card responses related to accessing appointments although the patients continued to find the staff approachable and professional.

## 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
6117	230	108	47%	1.77%

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)	96.4%	90.2%	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)	97.5%	89.0%	87.4%	Variation (positive)
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)	98.3%	97.2%	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)	93.1%	86.6%	83.8%	No statistical variation

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

Any additional evidence
Feedback from the patient survey included an issue with confidentiality at the reception desk. The practice were aware of this issue and longer term plans were in place to move premises. Immediate action was taken to ensure that the television screen was on to provide a distraction for patients in the waiting area.

### Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patients felt listened to and involved in their care. They had the time to ask questions and information was available to them to support their decision making.

### 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)	99.3%	94.9%	93.5%	Variation (positive)

	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 155 carers in the practice. This equated to 2.5% of the patient population.
How the practice supported carers.	There was a carers champion in the practice. They provided a link to carers to access other services, signposting and guiding them as necessary.
How the practice supported recently bereaved patients.	The practice contacted recently bereaved patients and offered them an appointment if necessary. They would also be signposted to other services as appropriate.

## Privacy and dignity

### The practice respected / did not always respect 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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>It was difficult to maintain privacy at the reception desk as this was a busy area in the middle of the waiting area. Action to address this had included the use of a television screen to provide a distraction from conversations. Staff were also able to take patients to a more private area to have a discussion as needed.</p>	

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm
Appointments available:	
Monday	8.30am to 11.20 am and 2.00pm to 5.20pm
Tuesday	8.30am to 11.20 am and 2.00pm to 5.20pm
Wednesday	8.30am to 11.20 am and 2.00pm to 5.20pm
Thursday	8.30am to 11.20 am and 2.00pm to 5.20pm
Friday	8.30am to 11.20 am and 2.00pm to 5.20pm
Extended hours GP pre-bookable appointments were available on a Monday evening at the practice between 6.30pm and 7.30pm. Extended hours practice nurse pre-bookable appointments were available between 7.30am and 8.30am on a Wednesday. Evening and weekend appointments were available through a local extended hours initiative and appointments could be pre-booked through the practice.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6117	230	108	47%	1.77%

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)	97.6%	95.8%	94.8%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided regular visits and proactive ward rounds for the care homes they supported.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

### Families, children and young people

### Population group rating: Good

#### Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.



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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm on a Monday and from 7.30am on a Wednesday. 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. Appointments were available every evening and on a Saturday 9am to 12pm and Sunday 10am until 1pm.

## **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.

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

**Population group rating: Good**

### **Findings**

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

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: There was a system of triage in place for on the day appointments, including home visits. GPs and the paramedic practitioner assess patients requesting a home visit to ensure that requests were appropriately prioritised.	

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)	74.3%	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)	81.7%	71.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	69.7%	65.2%	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)	87.1%	78.0%	74.4%	No statistical variation

Source	Feedback
NHS Choices	Comments on NHS Choices were positive in relation to patient's experience.

## 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.	6
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
Explanation of any answers and additional evidence: Information regarding the process of making a complaint was set out on the practice website and leaflets were available in the waiting areas. Staff we spoke with told us that complaints were used as learning events and complaints reviews were a standing agenda item for meetings.	

#### Examples of learning from complaints.

Complaint	Specific action taken
There was a delay in a referral due to it having been sent to the wrong hospital.	The complaint was discussed in a clinical meeting and it was agreed to add a section onto the referral form requesting it be returned to the practice if it had been sent to the wrong location. Staff were reminded to ensure they were referring to the correct department.
A patient was unhappy with their consultation and the actions of the GP	The GP invited the patient in for a discussion and provided clarity. The patient was satisfied with the outcome.

## Well-led

## Rating: Requires Improvement

### 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.	Partial
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: Staff were positive about the leadership of the practice and how visible and approachable they were. Staff felt supported. We were told that long term plans around a change of location for the practice was taking up management time and that this may have had an impact on some areas of operational management within 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.	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
Explanation of any answers and additional evidence: The practice had a vision and values that were centred on providing continuity and patient centred care to patients. Part of the practice strategy for the future was a longer-term change in premises which was something that had been progressing in collaboration with the clinical commissioning group and other practice's in the area.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff were aware of the practice whistleblowing policy and knew how to access it. Staff reported they felt supported by managers and GPs and that they felt able to raise concerns if they needed to. There was an emphasis on teamwork and all staff within the practice appeared to be focused on the needs of the patients.</p>	

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

Source	Feedback
Staff feedback	Staff reported a supportive and cooperative team working. They felt valued and listened to and commented on a positive and a happy work environment.

## Governance arrangements

### The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

### Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Staff were able to access practice specific policies and procedures on the practice intranet system. However, not all policies were up to date and both old and current policies were stored together on the system which may have led to issues of staff not using the most up to date policy available.
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Designated Leads	System within the practice had designated leads which all staff were aware of. For example, a GP Partner was the safeguarding lead.
Audits	The practice had a clinical audit programme to improve outcomes for patients.
Recruitment	The practice had systems in place to ensure that appropriate recruitment checks were carried out prior to employment of new staff. However, we saw an example where the practice had not sought assurance that a member of the clinical team had a disclosure and barring service (DBS) check in place prior to and during employment, up until this was requested as part of the inspection process.
QOF	The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients.
Staff meetings	Meetings were held within the practice and meeting minutes were maintained. GP meetings were held monthly, with clinical meetings every 3 – 6 months and full staff meetings held twice a year. Managers reported they were aware the practice may benefit from more regular staff meetings. Minutes of multidisciplinary meetings were not maintained so as to provide oversight of discussions, however the discussions were recorded in the patient's records.
Staff training	Managers were aware there were some gaps in staff training and this was an area they were working on at the time of inspection. However, there were both clinical and non-clinical areas of training where completion had been poor. This included safeguarding training, fire safety, moving and handling and information governance.

## Managing risks, issues and performance

**The practice did not have clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
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.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p>Risks were not consistently identified, assessed or mitigated. There was evidence that some areas of risk had not been identified or addressed for some time. For example, there was no environmental risk assessments, no control of substances hazardous to health (COSHH) risk assessment. There was no record of a fire drill being carried out since 2015 and there was no record of fire training since 2017. Staff undertaking chaperoning duties had not had a risk assessment in relation to whether or not they required a disclosure and barring service (DBS) check. The system for monitoring DBS checks was not clear. For example, on the day of inspection there was no record of a DBS check held within the practice for one of the nurses who had been in post since 2016. A copy of a January 2019 check had later been sent to us, stating that it had been done in January but that the staff member had forgotten to share it with the practice. This meant that the practice did not have sufficient oversight of the monitoring of appropriate staff checks.</p>	

## 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.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
<p>Risks were not always appropriately identified, managed or mitigated.</p>	

## 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

Feedback from Patient Participation Group.

Feedback
The patient participation group told us that the practice was open to changes and improvements suggested by the group. They told us there was open communication and that the practice used the results of the patient survey to make improvements. A specific area of improvement included repairs to the surface of the car park.

Any additional evidence
Staff reported that they'd been able to influence a change being considered by the GPs and managers. They told us that they'd been consulted on a suggestion not to have the radio playing in the waiting area due to the licencing costs. However, staff told us they had expressed concerns about confidentiality as the radio provided a distraction from conversations being held. As a result, the decision was made to continue to have the radio playing in the waiting area.

## 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



## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

### Glossary of terms used in the data.

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