

# Care Quality Commission

## Inspection Evidence Table

### Hampton Health (1-542964536)

Inspection date: **9 May 2019**

Date of data download: 26 April 2019

## Overall rating: Requires Improvement

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

### Safe Rating: Requires improvement

At our inspection in October 2018 we rated the practice as requires improvement for providing safe services because:

- We found a lack of oversight of risk assessments to ensure patients were kept safe.
- The system in place did not ensure all significant events, however minor, was recorded and that learning was shared, and changes made and monitored.
- The oxygen cylinder was not stored securely.
- The practice did not have oversight of the immunisation status of all clinical staff.
- The system for ensuring patients on high risk medicines were being monitored appropriately needed to be improved.

At this inspection we rated the practice as requires improvement for providing safe services because; although we found the practice had made improvements, some actions needed further improvement and embedding. In addition, we identified some new concerns.

- We found risk assessments had been undertaken but some of these needed to further improve such as those relating to fire safety and the availability of emergency medicines.
- The system in place to manage patient group directions (PGDs) for nurses to administer medicines did not ensure that all PGDs were up to date and we found PGDs that were out of date.
- Prescription stationary was stored securely but the practice did not have a system to monitor it's use.
- The practice had improved the reporting and recording of significant events, however this had not been fully embedded as not all events were reported formally.

We noted, at the time of the inspection, the practice was in the process of merging with a group of other local practices. The practice had completed a merge of non-clinical aspects, such as recruitment and policies and procedures. A full clinical merge was expected to occur in 2019. The senior management team from the practice they were merging with had supported and worked with the practice to ensure improvements had been made following our previous inspection. Members of this team were present on the day of the inspection.

## Safety systems and processes

**The practice had had some 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.	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

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

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: January 2019	Yes
There was a record of equipment calibration. Date of last calibration: December 2018	Yes
There were risk assessments for any storage of hazardous substances for example, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: November 2018	Yes
There was a log of fire drills. Date of last drill: 30 November 2018	Yes <sup>1</sup>
There was a record of fire alarm checks. Date of last check: We saw records to confirm weekly testing and the last date was 8 May 2019.	Yes
There was a record of fire training for staff. Date of last training: Various	Yes <sup>2</sup>
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: The practice was unable to show us this on the day of the inspection.	Partial <sup>3</sup>
Actions from fire risk assessment were identified and completed.	Partial <sup>4</sup>
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. The practice was situated in a large shopping centre and following an alarm triggered in a nearby premises, the practice carried out a full evacuation. This had been documented but the record lacked detail to ensure it had been effective and therefore further improvements could not be made.</li> <li>2. Staff undertook e-learning training, we saw from records and certificates that all staff had completed their fire safety training within the past 12 months.</li> <li>3. The practice was unable to show us the fire risk assessment as there had been a change in the management team and it could not be found. We saw evidence that the practice had recognised that a new assessment needed to be completed and we saw emails directing to have this completed by 31 May 2019. We found the premises to be uncluttered and with clear signage. Staff were knowledgeable about actions to take in the event of an alarm.</li> <li>4. Staff told us of improvements that had been made, for example all staff had been trained and systems were in place to ensure all equipment had been serviced and maintained safely, however, the practice had not been able to show us the risk assessment, so we were unable to see if other actions had been identified and improvements made.</li> </ol>	

Health and safety	Y/N/Partial
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Premises/security risk assessment had been carried out. Date of last assessment: Various dates including 8 August 2018.	Yes <sup>1</sup>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 8 August 2018	Yes <sup>1</sup>
Explanation of any answers and additional evidence: 1. We saw the practice had undertaken risk assessments in relation to health and safety of the premises and to those relating to staff. In June 2018 an external provider had undertaken an inspection. This included assessments such as environment for the premises and including clinics such as leg ulcer care. The practice lead had undertaken training in undertaking risk assessments and waste management ensuring the practice further developed and co-ordinated their approach to ensuring patients and staff were kept safe from harm.	

## 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: October 2018	Yes <sup>1</sup>
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 <sup>2</sup>
Explanation of any answers and additional evidence: 1. To ensure continued compliance, monthly environmental cleanliness checks were carried out and actions required recorded and monitored to ensure improvements were made. 2. The practice Lead had recently undertaken training in managing clinical waste to ensure full compliance with the standards required.	

## 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

## Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, we found that the system to ensure emergency medicines were easily available needed to be improved.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.92	0.98	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	9.2%	11.9%	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 (01/07/2018 to 31/12/2018) (NHSBSA)	5.48	5.93	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	1.20	2.13	2.13	Tending towards variation (positive)

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.	Partial <sup>1</sup>
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	No <sup>2</sup>
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.	Partial <sup>3</sup>
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
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.	Partial <sup>4</sup>
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> <ol style="list-style-type: none"> <li>1. We found that blank prescriptions were stored securely but the practice did not have a system to monitor their use. The practice told us they would implement a system immediately.</li> <li>2. We found the system to ensure that PGDs were in date had not been effective as we found out of date PGDs in place. The practice told us they would take immediate action to address this issue.</li> <li>3. We saw evidence to show the practice had undertaken a full review of medicines and prescribing in the practice since our last inspection. We saw evidence that all patients on high risk medicines and other medicines such as pain relief had been appropriately reviewed and systems were in place to monitor them in the future. The practice had undertaken reviews and an audit of antibiotic prescribing and had undertaken education sessions with GPs. However, whilst the practice had not given feedback to a nurse prescriber, they told us there were plans to implement formal one to one sessions with other clinical staff members to assure themselves of their competency and to further their development and training. The practice supported the nursing staff to undertake further training such as a nurse practitioner development in the role of advance nurse practice.</li> <li>4. We found the practice had not undertaken a risk assessment to agree and mitigate risks for the availability of emergency medicines required to keep patients safe. We did not find all the medicines available as recommended in the national guidelines. The practice told us they would take immediate action to address this issue.</li> </ol>	



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

The practice had improved their systems and processes to ensure they learned and made improvements when things went wrong but these systems needed further improvement and embedding into the culture of the practice.

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.	Partial <sup>1</sup>
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:	12
Number of events that required action:	12
Explanation of any answers and additional evidence:	
1. The practice had improved their systems and processes and staff we spoke with knew how to report incidents. However, not all of these were reported formally, and staff told us they would raise some issues verbally at their meetings. We had feedback from a patient who reported a prescribing error which the practice had rectify in a timing manner, however, staff were not clear on who should report the error and therefore the learning from this event was missed. We saw from minutes of meetings that some events were investigated and discussed, and changes made as a result. The practice had a new intranet system in place, this linked them with 12 other practice sites where learning from all sites was shared. The practice told us they found this very useful.	

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

Event	Specific action taken
Patient received the wrong dose of an immunisation.	Patient was informed and no adverse effects of the error. The storage of the medicine was reviewed, and the adult and child doses were separately to prevent a recurrence of the incidence.
Patients consultation had not been recorded	Discussed with staff and at meeting ensuring everyone was aware of the need to write detailed appropriate notes at each consultation.

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 received alerts via email and cascaded to the appropriate staff. There was a GP in the practice who had a lead role to have full oversight of the system. We saw evidence to show that three alerts received recently had been assessed and patients who maybe affected had been reviewed appropriately. We saw the practice had incorporated historical alerts in their good practice and had a system to monitor these. Records we viewed confirmed this.

## Effective

## Rating: Good

We have rated the practice and all the population groups except for people with long term conditions as good for providing effective services. We have rated the population group of people with long term conditions as requires improvement because;

Published and verified Quality and Outcomes Framework data used in this report showed high levels of exception reporting for people with long term conditions. The practice shared with us their unverified data and exception reporting for the Quality and Outcome Framework for 2018/2019. From this data we saw that in general the practice had reduced their exception reporting. However, we noted that outcomes for people with diabetes were lower than those in 2017/2018.

### 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) (01/01/2018 to 31/12/2018) (NHSBSA)	0.84	0.84	0.79	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 followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and

communication needs.

## People with long-term conditions

## Population group rating: Requires improvement

### Findings

We have rated the population group for people with long term conditions as requires improvement because;

Published and verified Quality and Outcomes Framework data used in this report showed high levels of exception reporting for people with long term conditions. The practice shared with us their unverified data and exception reporting for the Quality and Outcome Framework for 2018/2019. From this data we saw that in generally the practice had improved their performance and reduced their exception reporting. However, we noted that outcomes for the performance for managing people with diabetes were lower than those that the performance in 2017/2018.

- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Changes had been made to recall systems to call patients during the month of their birth and for more than one condition to be reviewed and managed at one appointment where possible.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	83.7%	80.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	25.7% (70)	15.7%	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) (QOF)	72.7%	74.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	19.1% (52)	11.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	82.4%	79.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	29.0% (79)	15.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	77.0%	76.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	12.0% (57)	7.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.1%	90.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	34.6% (18)	13.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	79.6%	82.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.2% (37)	4.7%	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)	97.6%	90.8%	90.0%	Tending towards variation (positive)

Exception rate (number of exceptions).	16.3% (8)	7.6%	6.7%	N/A
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## Families, children and young people

Population group rating: Good

### Findings

- Childhood immunisation uptake rates were above the 90% 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)	164	170	96.5%	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)	136	149	91.3%	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)	136	149	91.3%	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)	137	149	91.9%	Met 90% minimum (no variation)

## Working age people (including those

Population group rating: Good

## recently retired and students)

### 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.
- The practice performance for cervical screening was above the CCG and national averages.

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)	74.6%	70.9%	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)	73.3%	73.4%	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)	52.7%	56.9%	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)	63.6%	63.0%	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)	50.0%	60.6%	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.



- The practice reviewed young patients at local residential homes.
- The practice had a register of 37 patients with a learning disability, they had undertaken a full annual review with 33 of those patients. The remaining patients had been contacted and in some cases the community team were involved.

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

Population group rating: **Good**

### Findings

- The practice had significantly improved their Quality and Outcome Framework performance for the management of patients experiencing poor mental health and their exception reporting was generally in line with the CCG and national average.
- The care plans for patients diagnosed with a mental health condition we viewed that had been completed contained adequate information and were completed to a standard in line with relevant guidance.
- 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.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	85.1%	91.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	9.6% (5)	13.1%	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)	90.7%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	17.3% (9)	11.7%	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) <sup>(QOF)</sup>	91.7%	85.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (3)	6.6%	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/There was limited monitoring of the outcomes of care and treatment.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547.4	543.0	537.5
Overall QOF exception reporting (all domains)	9.0%	6.5%	5.8%

## Any additional evidence or comments

The practice shared their unverified Quality and Outcome Framework performance data for 2018/2019. This showed the practice overall performance was 549 points out of a possible 559 points available. Their exception reporting had reduced in most areas. For example, 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 (01/04/2018 to 31/03/2019) <sup>(QOF)</sup> had improved from 85% to 98% and the exception reporting was similar at 9.1% instead of 9.6%.

However, the practice performance for diabetes indicators was generally lower than the 2018/2017 data. For example, 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 (01/04/2018 to 31/03/2019) <sup>(QOF)</sup> was 69% this was lower than their performance 2017/2018 which was 83.7%. The exception reporting had reduced from 25.7% to 14.5%

The practice, with the support of the senior management team of the practice they were merging with, had implemented a comprehensive plan to review and monitor performance which they told us would ensure their performance did improve and was these improvements were sustained. We spoke with a member of staff with responsibility for managing the QOF performance systems, and they shared information and presentation slides of the indicators changes that were in place for the coming year. We saw that recall systems had been reviewed and changes made to ensure patients recalled had all their monitoring for all conditions at one appointment where possible.

	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	Yes

information about care and treatment to make improvements.	
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Examples of improvements demonstrated because of clinical audits or other improvement activity

<ul style="list-style-type: none"> <li>We found the practice had increased their use of audits to monitor and improve quality. Since our previous inspection the practice had completed eight clinical audits. These included those relating to safe prescribing of medicines such as antibiotics, high risk medicines and end of life care. We saw from the audit undertaken in relation to antibiotic prescribing the practice had identified each clinician and their prescribing history. Where clinicians were outliers they undertook reviews of the prescribing and, where appropriate, additional training and discussions were held with their peers. The second cycle of the audit showed the practice had reduced their prescribing of antibiotics. In addition, data produced by the CCG showed the practice to be in the top 10% of best performing practices in the area.</li> </ul>
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## Effective staffing

**The practice was able 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
Generally, 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 <sup>1</sup>
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial <sup>2</sup>
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Explanation of any answers and additional evidence:

- At our last inspection, not all staff had received an annual appraisal. Staff we spoke with at this inspection confirmed they had received an appraisal which they had found helpful and had been given the opportunity to discuss their development and training needs. The practice leads we spoke with told us they had found the process of meeting with the staff had given them the opportunity to listen to their staff and develop better working relationships.
- We found there was insufficient oversight from the practice leaders to ensure their staff were competent to undertake the roles delegated to them. We found no evidence that staff were not

competent. The practice told us of the recent changes to the clinical team and during this time the formal review and education sessions between doctors and nursing staff had not been planned. They told us these would be implemented soon. Staff told us they felt supported and had easy access to clinical support should they need it.

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other 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	94.4%	95.3%	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).	1.5% (18)	0.9%	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: Requires improvement

At our previous inspection we rated the practice as requires improvement for providing caring services because; The practice was aware of negative feedback on NHS Choices, Google Reviews and through the National GP Patient Survey 2018, however, they did not evidence that specific actions had been taken to improve patient experiences.

At this inspection that practice is still rated as requires improvement for providing caring services as the report contains GP Patient Survey data published in July 2018 and the practice had not undertaken their own surveys to gain patient feedback to see if the changes they have been making have been effective.

### 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.	14
Number of CQC comments received which were positive about the service.	Nine
Number of comments cards received which were mixed about the service.	Four
Number of CQC comments received which were negative about the service.	Zero
Number of CQC comments received which did not comment about the service but had submitted a suggestion.	One

Source	Feedback
NHS Choices	We noted that, since our last inspection, the practice ratings on NHS choice had improved from 1.8 stars to 3 stars. We saw they had received seven reviews, and these were mixed in the feedback. There were four ratings of five stars, one of four stars and one of two stars and one star. The practice had been proactive and had a system to respond to all feed, discuss at team meetings and plan improvements. Positive comments related to care and treatment given by staff and their helpful and caring approach.
Patients we spoke with	We spoke with seven patients, all patients told us they had confidence and trust in the GP they saw. Five stated they were always treated with care and concern two stated

	they were treated with care and concern most of the time.
Comments cards	Comments included on the cards we received included: <ul style="list-style-type: none"> <li>• staff are amazing often going above and beyond.</li> <li>• Staff are great</li> <li>• I have nothing but good comments</li> <li>• Such a change since the new practice lead has been in place, I am treated with respect and dignity</li> <li>• I am listened to and treated kindly</li> <li>• The attitude of one GP was poor</li> </ul>

## 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
9735	380	106	27.9%	1.09%

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)	80.5%	90.5%	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)	75.1%	89.1%	87.4%	Tending towards 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)	89.7%	96.3%	95.6%	Tending towards variation (negative)
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)	65.0%	85.6%	83.8%	Variation (negative)



Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
The practice undertook reviews of and had replied to the comments posted on NHS choices website. They told us they had reflected on the national GP patient survey results, had incorporated them into their action plan and had made some changes; for example, changes to staffing and recall systems. These changes had been newly implemented and the effectiveness of these changes had not had enough time to be assessed. The practice told us they were planning patient surveys in the future to gain early feedback and to see if patients reported improved experiences.

### 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
NHS Choices	The practice was rated with 2.5 stars on the NHS choices website. Since our last inspection the practice had received seven comments, four rating them with five stars, one rating them four stars, and one rating them with two stars and one rating of one star. There were no negative comments about the caring attitude of staff.
Patients we spoke with	We spoke with seven patients, six told us they were always involved in decisions about their care and treatment. One patient told us they were not always involved.
Staff we spoke with at local care homes	We spoke with staff at three local care homes who told us they were happy with the care and treatment provided by the GP practice.

### 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)	82.5%	94.6%	93.5%	Variation (negative)

	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
Explanation of any answers and additional evidence: The practice had access to a variety of leaflets and, where they would be of benefit to patient's, pictorial information was available.	

Carers	Narrative
Percentage and number of carers identified.	The practice had recorded 85 carers on the practice register, this was approximately 1% of the practice population.
How the practice supported carers.	The practice provided information for carers on noticeboards within the practice; including support groups and services. Patients who were identified as being a carer were provided with immediate telephone access through the duty GP.
How the practice supported recently bereaved patients.	The practice told us that they contacted recently bereaved patients to offer their condolences and any support that maybe required.

## Privacy and dignity

### The practice respected 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.	Yes

## 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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 1.30pm and 2.30pm 6pm
Tuesday	7am to 1.30pm and 2.30pm to 6pm
Wednesday	7am to 1.30pm and 2.30pm to 6pm
Thursday	8.30am to 1.30pm and 2.30pm 6pm
Friday	8.30am to 1.30pm and 2.30pm 6pm
Appointments available:	
Since our last inspection, the practice had increased the appointments available and offered a flexible approach to appointments to ensure that patients that needed to be seen were. They offered extended hours from 7am on two mornings per week. Patients were able to request a call from the GP should they wish to access advice in this way. Appointments could be book with the local GP Hub each week day evening till 8pm and at weekends and bank holidays.	

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9735	380	106	27.9%	1.09%

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	84.4%	95.5%	94.8%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				

#### Any additional evidence or comments

The practice was aware of the lower than CCG and national average GP Patient Survey 2018 data and had made improvements to access since our last inspection such as increasing appointments and the use of telephone consultations. Most of these improvements had been newly implemented and they had not undertaken evaluations to ensure the changes had been wholly effective. The practice had plans in place to undertake some external surveys in 2019 to gain feedback from their patients.

### 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 completed round visits every two weeks for the two residential homes situated within their geographical area.
- The practice held monthly meetings including representatives from the residential care homes, Macmillan nurses and district nurses to discuss patient care and end of life plans.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment. The practice had made changes to their recall system. Patients with more than one conditions appointments were co-ordinated to ensure they had their reviews at 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

- The practice offered early morning appointments two days a week, so children could be seen before school.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- 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.

- The practice held immunisation clinics up to three times per week to ensure the uptake of childhood immunisations remained high.
- The practice offered contraception clinics for the fitting of coils and implants.

### **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 from 7am on a Tuesday and Wednesday morning. Pre-bookable appointments were also available to all patients at the GP Hub run by the local GP Network till 8pm each evening and at weekends and bank holidays.
- Telephone consultations were easily available for those that wished to access advice this way.

### **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.
- Patients registered at the practice with a learning disability who reside in a residential home were able to get immediate telephone access to the practice via their care workers and the duty GP.

### **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.
- A mental health support worker held fortnightly clinics at the practice.
- The practice worked with the local mental health nurse to ensure harder to reach patients were cared for.
- Carers of patients who were experiencing poor mental health including patients with dementia had telephone access to the on the call GP to avoid delays in getting care and treatment for themselves

or for the cared for person.

### Timely access to the service

Since our last inspection the practice had improved access to the surgery; for example, they had increased the number of appointments and access to telephone consultations. Staff training had been given to signpost patients more appropriately and to deal with queries effectively. The recent feedback from patients on NHS choices, from patients we spoke with and from comment cards we receive were more positive in relation to people accessing 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)	55.8%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	63.4%	74.1%	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)	53.4%	69.3%	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)	74.9%	79.7%	74.4%	No statistical variation

Source	Feedback
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NHS Choices, comment cards we received and patients we spoke with.	<p>The reviews in relation to access to the surgery were mixed. Comments stated that access to appointments had improved since our last inspection, but patients still experienced some delays in the telephone being answered.</p> <p>Practice staff we spoke with told us that despite changes in the clinical team they were able to offer appointments more easily. Telephone consultations were available, and appointments could be booked with the GP Hub service.</p> <p>We spoke to staff at the local care homes where the practice provided health care services. They told us that the practice undertook routine two weekly visits but were easily available on the telephone for advice and for visits as required.</p>
Practice staff we spoke with	
Care Home staff we spoke with	

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received since our last inspection.	Two <sup>1</sup>
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. The practice system and process for recording and managing complaints had been improved. We saw that the practice had a system to record the complaint, investigation, response to the patient and share learning. A GP and the practice lead had responsibility for managing complaints in house and these were shared with the wider organisation with whom they were merging. These complaints and outcomes for all sites were held on an organisation intranet and learning from all events was shared. The staff we spoke with told us the sharing of learning and changes made were valuable and had increased their knowledge and awareness.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Error made in relation to a flu vaccination.	It was identified there had been a lack of communication between the staff and the patient and the patient had not been given an information leaflet. The nursing team also a lack of information. The practice discussed this at the clinical meeting, issued all guidance by email.



<p>Patient had report they did not feel they had been dealt with in a good manner</p>	<p>The incident was discussed with the GP concerned and they confirmed they would be more vigilant and careful in the future. The patient was booked to see a different GP and was happy with the outcome.</p>
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## Well-led

## Rating: Good

### Safety systems

### 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: Since our last inspection there had been changes made to leadership of the practice and two partners were no longer working at the practice. The practice was merging with other local practices and support for clinical resources and leadership had been put in place. The leaders we spoke with were proud of the improvements made but recognised that some areas needed further improvements, or the changes made to be embedded and evaluated to ensure they are effective. Senior management from the new organisation were present at the inspection and confirmed their support for the staff at Hampton Health.	

### 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: Their mission statement was: “Providing a safe and caring healthy environment ensuring we consider the changing demands of the health care system, work at scale and provide an efficient and cost-effective service.” Staff we spoke with on the day confirmed they had signed up to this and were proud to look after their patients.	

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## 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 an 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
Explanation of any answers and additional evidence: The staff we spoke with told us improvements had been made since January 2019, and they were better informed about changes made and those proposed. We noted some staff still felt less informed and engaged by the senior management team. We discussed this with the leaders who were aware and had further engagements plans.	

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

Source	Feedback
Practice Staff	Since the new non-clinical practice lead had joined the practice more information and support was available. Staff told us they enjoyed working at the practice and looking forward to sustaining the improvements made and making more improvements.

## 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

## Managing risks, issues and performance

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

	Y/N/Partial
There were assurance systems which were regularly reviewed and improved.	Yes <sup>1</sup>
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
Explanation of any answers and additional evidence: 1. The practice had improved their systems to identify, mitigate and manage risks and performance. However, some of these systems were newly implemented and were in the process of being fully embedded and monitored. We found that not all improvements identified at our last inspection had been fully actioned and we identified new some new concerns. We saw evidence to show action plans were in place to ensure the improvements were sustained and further developed.	

## 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 <sup>1</sup>
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
Explanation of any answers and additional evidence: 1. The practice demonstrated that with the support of the new organisation management team, they had plans to encourage the improvement where needed. For example, for the wider organisation there was a quality lead, who was able to provide information about their own performance, including coding issues. They had given a presentation to staff about the changes in the Quality and Outcome Framework 2019/2020. This ensured the practice staff were fully aware of the changes, and where targets had been removed these were incorporated into good practice.	

## 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 <sup>1</sup>
Explanation of any answers and additional evidence: 1. The practice had worked with the CCG and other local practices to ensure the merger was suitable for the population group. They had recognised that by joining other practices they would have access to a larger regular skill mix and their patients would be able to visit other sites if it was more convenient to them.	

### Feedback from Patient Participation Group.

Feedback
<p>The practice did not have a PPG at the time of inspection. This was in development and a meeting had been booked for June 2019. In addition, the practice planned work with other PPGs from the wider new organisation.</p> <p>In addition to the face to face discussions with the patients, the practice had started to use social media to communicate with patients. Changes to the practice and the planned merger had been communicated using this media as well as the posters and leaflets.</p>

### 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
Explanation of any answers and additional evidence:  Hampton Health was due to join Octagon (a merger of several local practices) in June 2019 and believe that by working at scale, services could be improved by centralising some of the non-medical administration such as human resources. It will also be an opportunity to widen the skill mix and expertise of clinical staff and improve care and increase patient choice for the patients of Hampton Health.	

#### 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 Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

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.