

# Care Quality Commission

## Inspection Evidence Table

### Birchington Medical Centre (1-570707811)

Inspection date: 30 April 2019

Date of data download: 02 April 2019

## Overall rating: add overall rating here

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

## Safe

Rating: Good

### Safety systems and processes

The practice had 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).	PARTIAL
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

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<p>The practices' training log showed a member of the clinical team had not undertaken safeguarding training for children and young people. The practice later informed the Commission that staff had conducted the appropriate training but the spreadsheet had not been appropriately updated to reflect the change in status. The failure to maintain effective systems is a regulatory breach and has been captured under the well led domain.</p> <p>The practice only permitted clinical staff to chaperone patients who had been appropriately DBS checked.</p> <p>Where patients had failed to attend their appointment, the practice had followed up with the patient and/or their family, where appropriate.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	YES
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	YES
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	NO
Staff had any necessary medical indemnity insurance.	YES
Explanation of any answers and additional evidence:	
<p>The practice was unable to demonstrate they had an effective system to check members of the nursing team had appropriate registration. The inspection team conducted their own checks required with the Nursing and Midwifery Council and found all staff held appropriate valid registrations.</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 4.2018
There was a record of equipment calibration. Date of last calibration:	YES 27.6.2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	YES
There was a fire procedure.	YES
There was a record of fire extinguisher checks. Date of last check:	YES 20.4.2019
There was a log of fire drills. Date of last drill:	YES 16.10.2018

There was a record of fire alarm checks. Date of last check:	YES 17.4.2019
There was a record of fire training for staff. Date of last training: Specific to staff all within date	PARTIAL
There were fire marshals.	YES
A fire risk assessment had been completed. Date of completion:	YES 2.2019
Actions from fire risk assessment were identified and completed.	YES
Explanation of any answers and additional evidence: The practices training log showed not all staff were up to date with fire safety training. The Practice contacted the Commission following the inspection and stated their records were not reflective of training undertaken by their staff. The practices failure to maintain accurate records and effective systems is a regulatory breach and has been captured under the well led domain.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment:	YES 2.2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	YES 2.2019
Explanation of any answers and additional evidence: The practice had appropriately identified risks and mitigated them such as the introduction of anti-glare IT screens and additional equipment including headsets for their staff.	

### **Infection prevention and control**

#### **Appropriate standards of cleanliness and hygiene were partially met.**

	<b>Y/N/Partial</b>
There was an infection risk assessment and policy.	YES
Staff had received effective training on infection prevention and control. Date of last infection prevention and control audit:	PARTIAL 2.2019
The practice had acted on any issues identified in infection prevention and control audits.	YES
The arrangements for managing waste and clinical specimens kept people safe.	YES
Explanation of any answers and additional evidence: The practice nurse conducted the infection control audit, all risks identified had been addressed and	

resolved.

The practices training log showed not all staff were up to date with infection prevention control, this included members of the clinical team. Following the inspection of the practice, they advised the Commission that their records were not reflective of training their staff had undertaken. Failure to maintain accurate and effective systems is a regulatory breach and has been captured under the well led domain.

## Risks to patients

### There were 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 some systems in place for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.98	1.03	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)	6.6%	8.2%	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)	5.40	6.32	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)	1.69	2.24	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	YES

Medicines management	Y/N/Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	YES
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	YES
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.	YES
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	YES
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	YES
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with 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.	NO
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>We found the practice had morphine (a medicine used for pain control) it is a controlled drug and was kept securely with their emergency medicines. However, there were not appropriate recording systems in place for a controlled drug. The practice returned the morphine to the chemist on the day of the inspection and showed us receipt of the safe disposal. Alternative pain control medicine was retained within the emergency medicine kit. The practice recorded the incident as a significant event to identify learning and inform future practice.</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:	33
Number of events that required action or acknowledged learning:	33
Explanation of any answers and additional evidence: The inspection team reviewed the practices management of significant events and found events were appropriately recorded, investigated, reflected on and learning identified. The practice had reported delays in referring patients to secondary care, these were discussed and administrative processes reviewed, new systems were introduced to ensure clear labelling of correspondence and to mitigate duplication of tasks for the administrative team.	

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 inspection team checked the practices management of historical and recent medicine alerts. We found all were appropriately recorded and had been actioned.	

## 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	YES

needs and their mental and physical wellbeing.	
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) <small>(NHSBSA)</small>	0.76	1.16	0.79	No statistical variation

## Older people

**Population group rating:  
requires improvement**

Findings
<p>This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.</p> <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. Where appropriate, patient's records are endorsed with their frailty status.</li> <li>The practice identified the most vulnerable and frail older people and, with their consent, placed them on a register supporting them, through care plans.</li> <li>A community matron and health care assistant worked in partnership with the GPs to coordinate the care of patients to reduce unplanned admissions. Whilst also coordinating care for residents of local care homes, visiting on a weekly basis.</li> <li>Joint visits were conducted between the practice Matron and community support services/charities where appropriate such as Age UK to support continuity of care.</li> <li>Bi-weekly Multidisciplinary meetings were held with a multidisciplinary team of health and social care professionals including an acute geriatrician, and non-statutory providers.</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
<p>This population group has been rated as requires improvement as it is influenced by the effective domain</p>



rating of requires improvement.

- 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.
- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of their condition.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice used a number of self-management plans to help patients with long-term conditions identify when their condition was deteriorating so they sought advice at the most appropriate times.
- The practice operated a pre-diabetic screening programme, screening patients for long term blood sugar levels. Those at a pre-diabetes level, but not with diabetes, were offered an appointment with a practice nurse to discuss lifestyle and diet and associated three monthly monitoring.
- The practice nursing team operated specific clinics, such as; respiratory monitoring including spirometry and diabetes monitoring and anticoagulation clinic. The nurses were supported by healthcare assistants who offered wider healthcare advice and signposting to services.
- A GP partner was an accredited in cardiology holding monthly clinics enabling timely access to cardiology services.
- The practice offered 30 minute appointments with the clinical pharmacist to review patients receiving a number of medicines.

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>	74.3%	75.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.8% (26)	12.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.8%	74.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.5% (24)	10.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	83.0%	77.7%	80.1%	No statistical variation

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)				
Exception rate (number of exceptions).	10.6% (72)	13.7%	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)	83.9%	68.7%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	5.9% (30)	7.8%	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)	93.8%	83.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (17)	10.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.6%	79.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.0% (42)	3.8%	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)	92.8%	86.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.2% (14)	5.8%	6.7%	N/A

**Families, children and young people**

**Population group rating:**

## requires improvement

### Findings

This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice worked closely with the health visitor who attended clinical meetings held at the practice, once a month.
- A fully nurse-led immunisation programme for children was provided, along with Child health surveillance clinics, including 6-8 week baby checks and post-natal maternal care are offered by a GP.

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)	47	50	94.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	47	50	94.0%	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)	47	50	94.0%	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)	47	50	94.0%	Met 90% minimum (no variation)

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

## Population group rating: requires improvement

### Findings

This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.

- 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.
- Patients could access late evening clinics, one evening per week for those who work or those patients with carers who otherwise could not attend the practice during normal opening.
- Patients were able to register at any time of the day with the practice and were encouraged to make use of the online services, such as access to medical records, booking appointments and ordering repeat prescriptions.
- The practice operated electronic prescribing, providing convenience to patients who wished to collect their prescription from their preferred pharmacy.

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)	77.7%	72.9%	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)	76.1%	73.0%	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)	61.4%	57.3%	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)	70.1%	64.1%	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)	63.2%	58.1%	51.9%	No statistical variation

## People whose circumstances make

## Population group rating:

## them vulnerable

## requires improvement

### Findings

This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.

- 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 discussed and coordinated the care of patients with complex needs through their multidisciplinary meetings.
- The practices conducted annual health checks for patients with learning disabilities. These were led by the Advanced Nurse Practitioner.

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

## Population group rating: requires improvement

### Findings

This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.

- 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. Patients with dementia were reviewed annually and supported through a care plan. Patients were signposted to support services such as The Admiral Nurse and Dementia Café.
- Most staff had undertaken dementia training and the practice manager was a champion for mental health provision under 'Time for change' initiative.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QoF)</small>	90.6%	79.6%	89.5%	No statistical variation

Exception rate (number of exceptions).	18.5% (12)	14.1%	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)	96.4%	79.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.8% (9)	12.0%	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)	76.6%	79.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.1% (5)	7.1%	6.6%	N/A

### Monitoring care and treatment

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

There was monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552.2	532.9	537.5
Overall QOF exception reporting (all domains)	4.3%	5.7%	5.8%

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

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

The practice had conducted clinical and administrative audits. For example; The practice had conducted an appointment audit to improve access to routine appointments. The audit identified 98% of appointments were within 21 days.

### Effective staffing

The practice was able to demonstrate that some 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.	PARTIAL
The learning and development needs of staff were assessed.	PARTIAL
The practice had a programme of learning and development.	PARTIAL
Staff had protected time for learning and development.	YES
There was an induction programme for new staff.	YES
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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.	PARTIAL
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
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> <ul style="list-style-type: none"> <li>The practice confirmed they had conducted 16 out of 37 staff appraisals. Following the inspection, the practice conducted further appraisals, with seven members of the clinical team. We reviewed evidence of the meetings held and shared them with a CQC National Clinical Advisor for comment. The records of discussion lacked detail, such as the role and responsibilities of the person, whether their job description was still accurate and whether they had completed all mandatory training. The documents also lacked any detail of the practice's assessment of the individual's performance (such as observed practice or a review of clinical entries), reference to how they had or not met their performance and development objectives and any set for the forthcoming year. None of the documents had been endorsed by the reviewer or reviewee and dated.</li> <li>The training log provided by the practice showed a member of their clinician staff had not undertaken basic life support training an annual requirement. The practice contacted the Commission following the inspection stating their records were not reflective of training undertaken.</li> </ul>	

## 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
Explanation of any answers and additional evidence: The practice held monthly multidisciplinary meetings, attended by multidisciplinary staff from within the practice and community provision including the palliative care team.	

## Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.0%	94.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.1% (3)	0.5%	0.8%	N/A

## Consent to care and treatment

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



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

## Caring

**Rating: Good**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive 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.	13
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Cards	The comment cards were overwhelmingly positive about the care received from both the clinical and non-clinical team. Stating they were consistently, professional, helpful and pleasant. Negative reference was made to difficulties making telephone appointments and the line terminating.
Patients	Two patients waiting in the reception area told us they received a good service from their GP and had confidence in them.

### 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
8846	231	117	50.6%	1.32%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	90.3%	88.3%	89.0%	No statistical

Indicator	Practice	CCG average	England average	England comparison
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)				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)	89.0%	87.3%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.5%	95.0%	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)	80.8%	79.7%	83.8%	No statistical variation

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

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	YES
Staff helped patients and their carers find further information and access community and advocacy services.	YES
Explanation of any answers and additional evidence: The practice signposted patients to relevant support organisations and had an active relationship with Age UK and MacMillan Nurses. The practice had raised funds for the local Thanet MacMillan Charity to assist families with cancer.	

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	93.5%	92.9%	93.5%	No statistical

Indicator	Practice	CCG average	England average	England comparison
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)				variation

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

Carers	Narrative
Percentage and number of carers identified.	229 carers, 2.5% of the practice list size
How the practice supported carers.	The practice identified carers when patients registered with the practice, through patient consultations and displayed information in the patient waiting areas.
How the practice supported recently bereaved patients.	Bereaved patients were offered appointments and signposted to support services as appropriate.

## Privacy and dignity

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

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

## 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: The practice had good awareness and understanding of their patient's individual needs.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00 – 18:30
Tuesday	08:00 – 20:00
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30
Appointments available:	
Monday	08:30 – 18:30
Tuesday	08:30 – 20:00
Wednesday	08:30 – 18:30
Thursday	08:30 – 18:30
Friday	08:30 – 18:30

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8846	231	117	50.6%	1.32%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.8%	93.6%	94.8%	No statistical variation

### Older people

### Population group rating: requires improvement

Findings
<p>This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.</p> <ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>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.</li> <li>Patients could email the practice directly to arrange an opportunity to discuss concerns regarding access or clinical care.</li> </ul>

### People with long-term conditions

### Population group rating: requires improvement

Findings
<p>This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.</p> <ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment with the GP or pharmacist, where appropriate.</li> <li>The practice liaised regularly with the local district nursing team and employed a community matron to discuss and manage the needs of patients with complex medical issues.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> <li>Longer appointments (of 10-20 minutes) were available and actively encouraged for patients with complex clinical needs.</li> </ul>

## Families, children and young people

## Population group rating: requires improvement

### Findings

This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.

- The practice provided on the day appointments so children did not miss school.
- 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.

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

## Population group rating: requires improvement

### Findings

This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.

- 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 8am to 6pm Monday and Friday. Operating extended hour appointments on a Tuesday.
- Telephone consultations were available where appropriate.
- The practice held information events in reception such as 'Ageless Thanet' to support people after retirement and other significant life changing events.

## People whose circumstances make them vulnerable

## Population group rating: requires improvement

### Findings

This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice signposts and works with charities to support patients.

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

Population group rating: requires improvement

### Findings

This population group has been rated as requires improvement as it is influenced by the effective domain rating of requires improvement.

- 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 Community Matron and Health visitor were conducting initial mental health (dementia) screenings in the community.
- 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

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)	46.3%	N/A	70.3%	Variation (negative)
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)	61.8%	62.6%	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)	64.6%	62.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the	76.8%	73.8%	74.4%	No statistical variation



Indicator	Practice	CCG average	England average	England comparison
type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				

Explanation of any answers and additional evidence:

The practice had acknowledged difficulties with patients contacting the practice by telephone. A recent audit conducted of call wait times had showed disparities between reception staff in the number of calls answered and periods where no calls were answered for 29 minutes. The practice wished to improve patient confidence in their service. Consequently, they were introducing a maximum wait time target in May 2019. The reception team's performance would be audited weekly for three months and data shared for discussion with the practice management team and patient participation group.

Source	Feedback
Comment cards	A patient reported difficulty with contacting the practice on the phone. This experience is also reflected in the national GP patient survey surgery data.

### 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.	21
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	3

	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:

The practice maintained a complaints log to record the initial complaint, and actions taken. We saw they had investigated concerns relating to increased waiting times due to clinical staff over running with their appointments and had issued an apology. They also reminded staff of their responsibilities to notify reception of delays so they may inform patients.

Where patients complained regarding changes to procedural matters such as issuing of prescriptions, clinicians spoke to patients and relevant guidance was shared to support their decision.

## Well-led

## Rating: Requires Improvement

### Leadership capacity and capability

**Improvements were required to deliver high quality sustainable care.**

	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.	PARTIAL
Staff reported that leaders were visible and approachable.	YES
There was a leadership development programme, including a succession plan.	YES
Explanation of any answers and additional evidence: The practice had succession arrangements in place for both the clinical and non-clinical staff. However, some governance arrangements required strengthening. For example, the practice had systems in place that highlighted when staff had not undertaken training. Despite the practice stating they sent staff reminders of training required to be completed.	

### 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

### 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

## 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.	PARTIAL
Staff were clear about their roles and responsibilities.	PARTIAL
There were appropriate governance arrangements with third parties.	YES
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had reviewed their management of medicines following the previous CQC inspections and had reflected on their learning. They had greater awareness of how their IT systems could assist them with prescribing and monitoring of patients prescribed medicines.</li> <li>The practice was utilising their IT systems to interrogate and monitor the performance of systems and staff to improve patient services. For example, the introduction of a maximum wait time for patients making telephone calls to the practice and targets for the duration of calls to improve the capacity of the reception team.</li> <li>However, some of the practice governance systems still required strengthening. Whilst the practice had assigned roles and responsibilities to staff they were not sufficiently supported to carry out additional tasks. For example, not all clinical and non-clinical staff appraisals had been conducted, and practice records did not accurately reflect training undertaken.</li> </ul>	

## Managing risks, issues and performance

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

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

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	PARTIAL
Performance information was used to hold staff and management to account.	PARTIAL
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: The practice monitored many aspects of their activities such as appointment demand monitoring, length of appointments, patient feedback on friends and family, patient participation group feedback and QOF data. Whilst the practice held relevant data they did not always actively interrogating it to assess performance of individuals or systems and make improvements. Appraisals had not been conducted for members of the nursing, reception and administrative teams. Effective systems were not established to alert the management team that these required completion. The practice did try to conduct a number of these during the two days following the inspection. Scanned copies of the documents were received after the inspection and these showed that the practice had not commented on any of the nursing staff's performance, the objectives form attached was blank and neither the reviewer or reviewee had commented or signed off the paperwork.	

## 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

## Continuous improvement and innovation

**There was evidence of 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:	
<ul style="list-style-type: none"> <li>The practice had purchased online learning programmes for the benefit of clinical and non-clinical staff. Staff were encouraged to attend training commissioned by Thanet Clinical Commissioning Group.</li> <li>The Deputy Practice Manager was also being funded for a Diploma in Primary Care and Health Management.</li> <li>The practice engaged with local initiatives and had signed up to the 8-8 project. This involved offering patients appointments during the evenings and weekends.</li> </ul>	

#### 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 Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.