

# Care Quality Commission

## Inspection Evidence Table

### Cottingham Clinic (RV970 / B81602) (also known as Hallgate Surgery)

Inspection date: 12 April 2019

Date of data download: 27 March 2019

## Overall rating: Good

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

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

## Safe

## Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place 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
Systems were in place 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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 15 May 2018	Yes
There was a record of equipment calibration. Date of last calibration: 8 May 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: February 2019 and March 2019	Yes
There was a log of fire drills. Date of last drill: 4 December 2018	Yes
There was a record of fire alarm checks. Date of last check: 12 April 2019	Yes
There was a record of fire training for staff. Date of last training: Dates varied as staff used an online learning tool, records of training were seen for all staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 12 October 2017	Yes
Actions from fire risk assessment were identified and completed.	Yes

Explanation of any answers and additional evidence:

We saw records confirming that quarterly checks were undertaken of the fire safety systems and weekly fire safety environment checks were also undertaken.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 10 July 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28 May 2018	Yes
Explanation of any answers and additional evidence: We saw that staff signed a risk assessment briefing record to confirm they had read any risk assessments completed.	

## 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: 22 Oct 2018 – score was 92% 2 April 2019 – score was 98%	Yes
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: Monthly checks were undertaken by the Trust Infection, Prevention and Control team, we saw records from October 2018 to April 2019.	

## 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

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) <small>NHS Business Service Authority - NHSBSA</small>	0.95	0.97	0.91	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	7.8%	5.8%	8.7%	No comparison available
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	5.41	5.75	5.60	No comparison available
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) <small>(NHSBSA)</small>	2.62	3.31	2.13	No comparison available

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

Medicines management	Y/N/Partial
appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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
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 saw that there were two of the recommended emergency medicines that were not kept in the practice, this was reviewed during the inspection and the medicines were ordered.</p> <p>We found that medicine refrigerator temperatures were recorded however when there had been a spike in temperature when a stock check had been done the reason for this was not documented on the temperature checklist.</p>	

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

**The practice learned and made improvements when things went wrong/did not have a system to learn and make 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:	22
Number of events that required action:	22
Explanation of any answers and additional evidence:	

Daily safety huddles were held and any lessons from incidents were shared with staff. However, there was no mechanism to ensure staff not at the safety huddle or involved in the incident or complaints were aware of the lessons being shared.

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

Event	Specific action taken
The fire alarm button was pressed by mistake instead of the exit button when someone was trying to exit through a door which activated the fire alarm.	A sign was put up to alert staff and patients to the exit button.
<p>The practice received a letter from a consultant following a patient's clinic appointment, the information contained in the letter regarding medication was not related to the practices' patient as they had never been on the stated medication.</p> <p>The patient had contacted the consultant's secretary and advised them of this as soon as they had received their copy of the letter.</p>	The GP saw the patient and the medical secretary contacted the department and advised them that the information contained in the letter did not relate to the practices' patient.

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

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

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

Prescribing	Practice	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>	0.63	0.73	0.79	No comparison available

## Older people

## Population group rating: Good

Findings
<p>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.</p> <p>Detailed annual reviews including pharmacist medication review were undertaken for all older patients, including those in care homes. The practice worked with another provider to provide a 'Care Home Scheme'. This ensured patients living in care homes had structured annual reviews which included a review of medication by a pharmacist, clinical care and advanced care planning and discussion of resuscitation decisions.</p> <p>Plans were developed to reduce hospital admissions and end of life care plans were developed when required.</p> <p>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.</p> <p>Staff had appropriate knowledge of treating older people including their psychological, mental and</p>



communication needs.

## Population group rating: Good

### People with long-term conditions

#### Findings

Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Medication was reviewed by the pharmacist and then a GP reviewed the notes and clinical management issues and made recommendations for the nurses to consider during the patients' review.

Recall systems were in place to ensure patients had regular reviews.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

There were lead GPs and nurses for different long-term conditions, for example diabetes and asthma.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Adults with newly diagnosed cardio-vascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.0%	79.8%	78.8%	No comparison available
Exception rate (number of exceptions).	5.4% (10)	13.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	68.4%	77.5%	77.7%	No comparison available
Exception rate (number of exceptions).	3.8% (7)	10.1%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	75.7%	81.0%	80.1%	No comparison available
Exception rate (number of exceptions).	8.2% (15)	16.3%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.0%	75.0%	76.0%	No comparison available
Exception rate (number of exceptions).	6.9% (16)	9.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.8%	86.1%	89.7%	No comparison available
Exception rate (number of exceptions).	9.6% (7)	12.4%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.2%	84.2%	82.6%	No comparison available
Exception rate (number of exceptions).	4.0% (20)	5.0%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.1%	90.7%	90.0%	No comparison available
Exception rate (number of exceptions).	2.9% (3)	8.2%	6.7%	N/A

## Families, children and young people

Population group rating: **Good**

### Findings

Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.

The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

The practice had arrangements for following up failed attendance of children's appointments following an appointment 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) <small>(NHS England)England</small> )	18	19	94.7%	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) <small>(NHS England)England</small>	18	19	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <small>(NHS England)England</small>	18	19	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) <small>(NHS England)</small>	18	19	94.7%	Met 90% minimum (no variation)

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

Population group rating: **Good**

### Findings

The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Patients had access to appropriate health assessments and checks including NHS checks for patients

aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified 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)	83.2%	78.1%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.2%	78.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.2%	63.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	55.0%	70.0%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	47.1%	55.6%	51.9%	No comparison available

## People whose circumstances make them vulnerable

**Population group rating: Good**

## Findings

End of life care was delivered in a coordinated way which took 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.

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

**Population group rating: Good**

**Findings**

The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

There was a system for following up patients who failed to attend for administration of long-term medication.

When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

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>	100.0%	90.7%	89.5%	No comparison available
Exception rate (number of exceptions).	5.0% (1)	19.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	90.9%	90.0%	No comparison available
Exception rate (number of exceptions).	5.0% (1)	16.7%	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) <small>(QOF)</small>	100.0%	82.3%	83.0%	No comparison available
Exception rate (number of exceptions).	3.8% (2)	8.1%	6.6%	N/A

## Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	518	Data Unavailable	537.5
Overall QOF exception reporting	4.7%	Data Unavailable	5.8%

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

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

An audit had been carried out to check that medicines for rheumatoid arthritis were being prescribed and patients were being monitored in line with current guidelines. The audit showed that improvements were needed to ensure all patients were monitored appropriately and actions had been identified. The audit was scheduled to be repeated to check that improvements had been made.
An audit had been carried from January 2018 to January 2019 for Red Flags for Red Eye to monitor and increase clinician's knowledge and compliance with NICE guidelines on the management of red eye in primary care. The audit showed that improvements were required, and actions had been identified.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes

There was an induction programme for new staff.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:  There was an induction programme in place, however the new GP did not know who the safeguarding lead was and was not aware of where to access the emergency equipment.	

### 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

### Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.9%	95.4%	95.1%	No comparison available
Exception rate (number of exceptions).	1.1% (9)	0.8%	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.	18
Number of CQC comments received which were positive about the service.	10
Number of comments cards received which were mixed about the service.	8
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	Patients said staff were helpful, friendly and treated them with respect. They described the service and care as very good.  One person commented that the reception/administration staff are sometimes rude and unhelpful, and three people commented that they felt the practice had lost some of its personal touch since the move to Humber Trust.
Questionnaires	We received completed questionnaires from 15 patients during the inspection. The feedback was positive with patients saying they were treated with respect and staff were helpful and friendly.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	221	105	47.5%	3%

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) <small>(GPPS)</small>	97.2%	91.0%	89.0%	No comparison available
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) <small>(GPPS)</small>	92.2%	90.2%	87.4%	No comparison available
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) <small>(GPPS)</small>	98.0%	96.8%	95.6%	No comparison available
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) <small>(GPPS)</small>	99.3%	87.8%	83.8%	No comparison available

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

Any additional evidence
There was a 'you said, we did' poster in the waiting area which showed how the practice had responded to feedback from patients, for example, one comment said the information posters could not be read as

they were too high. The practice had reviewed their information displays to make them more accessible.

## 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: Staff had completed care navigation training and were able to signpost patients to local services and voluntary organisations as required.	

Source	Feedback
CQC comments cards and patient questionnaires	We received 18 comments cards and completed questionnaires from 15 patients during the inspection. The feedback was positive with patients saying they felt involved in their care and they were listened to.

## 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) (GPPS)	98.6%	95.4%	93.5%	No comparison available

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 23 patients as carers, this was 0.7% of the practice list.
How the practice supported carers.	<p>The practice included a carers questionnaire in the pack for new patients and the questionnaires were available in the waiting area for existing patients. Information on local carers support services was available and staff were aware of how to signpost patients and their relatives for support.</p> <p>A community link worker worked in the practice one day a week and they were promoting the services available to carers.</p>
How the practice supported recently bereaved patients.	The Trust had recently reviewed its bereavement policy and had developed a bereavement brochure and card. Staff contacted patients when they suffered a bereavement to offer support and a card and pack were sent. The packs were also available in the waiting area.

## Privacy and dignity

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patients were requested to stand back from the reception desk and there was music playing in the background to afford patients talking to the receptionists as much privacy as possible.</p>	

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
Appointments available:	
Monday	9am to 11am & 3.30pm to 5.20pm
Tuesday	9am to 10.50am & 3.30pm to 5.20pm
Wednesday	9am to 11.05am & 3.30pm to 5.20pm
Thursday	8.30am to 10.20am & 3.30pm to 5.20pm
Friday	9am to 10.50am & 3.30pm to 5.20pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	221	105	47.5%	3%

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) <small>(GPPS)</small>	98.7%	96.6%	94.8%	No comparison available

## Any additional evidence or comments

## 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- A community link worker attended the practice once a week to offer advice and support and a holistic approach to health. They had links with groups and networks to help address social isolation and other concerns for this patient group.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Patients on end of life care were given the GPs phone number so they could contact them out of surgery hours if needed.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Appointments were available outside of school hours, so children did not need to 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: 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.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member of the new improved access scheme. Appointments were available on evenings, weekends and bank holidays.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Telephone consultations were available and a text message service to remind patients about appointments, picking up prescriptions and test results.
- Patients could access clinical and administration advice and guidance through the 'Engage Consult' service available on the practice website.

## **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.
- There were 40 patients from the local traveller community registered with the practice. Staff had had training in traveller health beliefs.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## People experiencing poor mental health

(including people with dementia)

Population group rating: Good

### Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health. Longer GP/Nurse appointments were given if multiple issues were indicated.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Administration staff had completed mental health first aid training, so they could assist this patient group when they called or visited the practice.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- All staff had received dementia training in the last 12 months.
- The practice hosted local drug and alcohol misuse community workers providing access to support for this patient group.
- Information on local mental health support services was available in the waiting area.

### 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 ( to ) (GPPS)	93.0%	N/A	70.3%	No comparison available
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) (GPPS)	86.3%	70.9%	68.6%	No comparison available
The percentage of respondents to the GP	74.7%	68.4%	65.9%	No



Indicator	Practice	CCG average	England average	England comparison
patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018) (GPPS)				comparison available
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) (GPPS)	92.9%	78.1%	74.4%	No comparison available

#### Any additional evidence or comments

The practice was part of the new 'Improving Access' service which enabled their patients to access appointments at participating practices on evenings and weekends.

Source	Feedback
Comments cards and patient questionnaires	We received 18 comments cards and completed questionnaires from 15 patients during the inspection. Feedback was mainly positive with most patients saying they could get an appointment when they needed one and could make appointments with a male or female GP. Six patients commented that it could be difficult to get an appointment and three said they thought that continuity of care had been affected with the retirement of two GPs. New GPs had been employed to replace them.

#### 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.	One formal complaint and 13 concerns
Number of complaints we examined.	one
Number of complaints we examined that were satisfactorily handled in a timely way.	one
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	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 kept a log of all concerns raised along with lessons learned and actions taken to minimise the risk of recurrence.

Example(s) of learning from complaints/concerns.

Complaint/Concern	Specific action taken
Patient raised a concern regarding the new phone system. Said there were lengthy queues with no option to skip the queue in an emergency and felt his call was being disconnected by a member of staff.	Concern was reviewed by all administration staff in their group supervision. A screen has been placed in the administration office displaying live calls allowing staff to monitor how long the queues were so additional phones lines could be opened if queues built up.
A call was received from a patient to say that his medicine supplier had sent numerous prescription requests to the practice that had not been fulfilled. The practice investigated and could not find any requests in their systems. Requests were sent via e mail, but the practice had not received any emails to their account.	Practice Manager contacted the company and gave them the correct e mail address for the practice. Also asked the company to send an e mail to the practice so they could confirm receipt of the e mail. Once received the companies e mail address was added to the contacts list so any future correspondence did not go into a junk mail folder and they set up an automatic reply that triggered on receipt of any prescription requests. The practice manager informed the patient of their findings and actions taken to prevent a recurrence.

## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: There was a leadership development programme in place for the Trust. The Practice Manager had completed the Trust leadership programme in 2018 and three members of staff were completing NVQs, one was the current leadership development course, one business administration level 3 and one customer service level 2. The practice was recruiting an additional salaried GP and a practice nurse.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The 2018/2019 Trust Operational Plan took account of the NHS England GP Forward View plans. There was also a Trust Primary Care Strategy which covered all the Humber FT GP practices, this was monitored at the Primary Care Group meetings.  Staff were aware of the visions and values and the practice mission statement however they had not been involved in development of these.	

## 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

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

Source	Feedback
Staff interviews and questionnaires	Staff told us the practice team worked well together and they supported each other. Staff said the GPs and practice manager were very supportive and approachable.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:  There was a clear Trust management structure in place to support the practice staff. We saw there was a direct line of clinical sight from Board to front line which was important for governance. There were clear reporting lines up to the Trust Integrated Governance team and the Trust Board.  One of the GPs was a member of the Primary Care Clinical Network Group.	

## 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
Explanation of any answers and additional evidence:  There was a Governance, Assurance and Performance Framework for the GP practices to enable appropriate identification, monitoring and progression of risks and performance issues through the Trust corporate systems.	

## Appropriate and accurate information

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

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

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

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

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

Feedback from Patient Participation Group.

Feedback
There was currently no active Patient Participation Group, however the practice was exploring setting up a joint PPG with the neighbouring practice in Cottingham.

### Any additional evidence

We saw evidence that the practice gathered patient feedback. There was a 'you said, we did' poster in the waiting area which showed how the practice had responded to feedback from patients, for example, patients had commented they were waiting too long on the phone. The practice reviewed their rotas to ensure there were as many phone lines open as possible at the busy periods to answer calls.

## 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:	
The practice had facilitated placements for two Physicians Associates to work at the practice.	
The practice had implemented cross site working for clinical and administration staff with the other GP practice in Cottingham that was also part of Humber Foundation Trust. This had made the practice more resilient at times when there were staff shortages or it was busy.	

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

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