

Care Quality Commission

Inspection Evidence Table

Dartford East Health Centre (1-549487777)

Inspection date: 11/07/2019

Date of data download: 11 July 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	YES
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	YES
There were policies covering adult and child safeguarding which were accessible to all staff.	YES
Policies and procedures were monitored, reviewed and updated.	YES
Partners and staff were trained to appropriate levels for their role.	YES
There was active and appropriate engagement in local safeguarding processes.	YES
The Out of Hours service was informed of relevant safeguarding information.	YES
There were systems to identify vulnerable patients on record.	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
The practice had a comprehensive training matrix for all employees which highlighted both completed and scheduled training.	
The practice used Integrated Care 24 as their Out of Hours provider, however, they only used the Share my care" for patients receiving palliative care and not for other groups of patients. If the practice had concerns, they would write to IC24.	

Safeguarding	Y/N/Partial
The practice held regular meetings with the health visiting team and these were recorded, and minutes reviewed.	
The practice had flags on their patient register to identify patients who had vulnerabilities, including vulnerable children	

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 if relevant to role.	PARTIAL
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	YES
Explanation of any answers and additional evidence: The practice has devised an audit to pull together all immunisation information for all staff across the practice. Currently, Hepatitis B status is consistently recorded. Documents reviewed after the inspection demonstrated that this process is in progress.	

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: 2016	YES
There was a record of equipment calibration. Date of last calibration: 23/05/19	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: 10/18 last done	YES
There was a log of fire drills. Date of last drill: 06/02/19	YES
There was a record of fire alarm checks. Date of last check: weekly on Tuesday by NHS property services	YES
There was a record of fire training for staff. Date of last training: variable dates but done and recorded on matrix	YES
There were fire marshals.	YES
A fire risk assessment had been completed. Date of completion: 10/01/2019	YES

Actions from fire risk assessment were identified and completed.	YES
Explanation of any answers and additional evidence:	
The practice confirmed that they had arranged portable appliance testing to be carried out after the inspection.	
The building is leased from NHS property services and they maintain responsibility for fire and health and safety.	
There were two fire marshals at the practice.	
Cleaners were contracted by NHS property services.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: NHS property services carried this out for the building.	YES
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: NHS property services carried this out for the building.	YES
The practice conducted an employee risk assessment to identify any trips and hazards and have done so since September 2017.	

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
Infection prevention and control audits were carried out.	YES
Date of last infection prevention and control audit: April 2019	
The practice had acted on any issues identified in infection prevention and control audits.	YES
There was a system to notify Public Health England of suspected notifiable diseases.	YES
The arrangements for managing waste and clinical specimens kept people safe.	YES
Site waste audits were carried out NHS Property Services, with the last audit being completed on 21/09 2018.	

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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	YES
<p>Dementia and mental health care plans were reviewed and were comprehensive and included physical health and medicines reviews.</p> <p>Non-clinical staff had not had sepsis training. However, this was booked following the inspection and documents were reviewed which confirmed this.</p> <p>The practice had urgent on the day appointments for suspected sepsis. When face to face appointments were all filled, telephone appointments were available.</p>	

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 and there was a system to monitor delays in referrals.	PARTIAL
There was a documented approach to the management of test results and this was managed in a timely manner.	YES
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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
<p>Staff at the practice told us that a number of external factors had impacted on the practice making timely referrals and had resulted in a back log of routine referrals. For example, a computer refresh programme was carried out which did not go smoothly, resulting in two secretarial computer work stations being out of commission for a week. Additionally, access to the internet was disconnected over three days due to internet provider error. Staff at the practice told us that both of these events had impacted on the referral</p>	

process and on a backlog. The practice had employed an additional member of staff with specific skills to help address the backlog, as well as offering additional hours to the secretaries. The practice set up an action plan to meet a six-week target to clear the backlog, and this was reviewed after the inspection. All urgent two week wait referrals were sent as they were received by the secretaries. These were completed within 24 hours.

The practice monitored routine referrals that had been rejected or cancelled and established a protocol for a two week wait log to check that patients had appointments.

All test results were overseen and reviewed by the GPs at the practice.

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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	0.95	1.01	0.88	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). (01/04/2018 to 31/03/2019) (NHSBSA)	10.7%	10.0%	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 (01/10/2018 to 31/03/2019) (NHSBSA)	6.64	5.71	5.61	Tending towards variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	2.52	2.22	2.07	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	YES
Blank prescriptions were kept securely and their use monitored in line with national	YES

Medicines management	Y/N/Partial
guidance.	
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
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	YES
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	YES
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>The practice nurse had recently completed their prescribing exam.</p> <p>The practice prescribed controlled drugs on a monthly basis, and there was a policy on the management of controlled drugs.</p> <p>Staff at the practice told us that they took part in a cost-effective prescribing project last year and that this focused on quality improvement regarding anti-psychotic medicine.</p> <p>The practice did not have a full complement of emergency medicines available, however, all of these were ordered immediately.</p> <p>The vaccine fridges were monitored using a two-thermometer system. The temperature was log was well maintained and within range. We saw an example of where the temperature had increased above the safe level and the appropriate protocol was followed, including destroying all vaccines stored in that fridge.</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:	8
Number of events that required action:	8

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

Event	Specific action taken
A patient was prescribed the wrong medicine as it had a similar name to the medicine they should have been prescribed.	This was picked up by secondary care. The practice introduced a system to raise a flag on their IT system against similar sounding medicines names.

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: We saw examples of actions taken on recent alerts. For example, the practice ran searches for patients on the identified medicine or device, a letter was sent to the patients for review and the medicine was changed.	

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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	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) (01/04/2018 to 31/03/2019) (NHSBSA)	1.64	0.92	0.77	Tending towards variation (negative)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice carried out structured annual medication reviews for older patients. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks, including frailty assessments, were offered to patients over 75 years of age. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma and patients with diabetes, mental health concerns, patients living with dementia and those receiving end of life care.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- Patients are referred elsewhere for ECG's.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.1%	79.3%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	23.8% (187)	17.2%	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) (QOF)	82.3%	75.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	21.1% (166)	13.3%	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>	87.2%	77.8%	80.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	23.7% (186)	15.8%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.7%	77.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	14.5% (103)	12.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.4%	89.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	22.3% (50)	15.4%	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>	87.4%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	10.4% (197)	5.2%	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>	96.9%	91.3%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	5.2% (9)	5.1%	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 contacted the parents or guardians of children due to have childhood immunisations.
- 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.
- 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 refers patients onto ante-natal services.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- The practice nurse contacts the parents of a child where there are safeguarding concerns who don't attend immunisation appointments.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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)	189	202	93.6%	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)	176	198	88.9%	Below 90% minimum (variation negative)
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)	178	198	89.9%	Below 90% minimum (variation negative)
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)	176	198	88.9%	Below 90% minimum (variation negative)

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice were 1.1% below the WHO 90% minimum in two areas and 0.01% in another area. The practice had been proactive in looking for a means to improve their immunisation targets by sharing good practice with other providers in their Primary Care Network.

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)	69.0%	73.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.3%	71.9%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	52.9%	53.7%	54.4%	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)	50.0%	69.1%	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)	45.2%	52.3%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 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.
- New patient checks are carried to identify patients who require support in the screening questions. The practice referred people on to alcohol services.

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.

- Same day and longer appointments were offered when required.
- 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. Questions were asked within consultations and any identified risk assessed. A referral would be made if the practice were concerned.
- Patients at risk of dementia were identified and offered an assessment. When dementia was suspected there was an appropriate referral for diagnosis. Dementia care plans reviewed were comprehensive. The GPs visited elderly patients if they were not able to attend the practice and then made a referral to the memory clinic if appropriate.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.1%	91.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	25.6% (20)	14.9%	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) (QOF)	95.1%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	21.8% (17)	12.3%	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)	87.8%	83.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	9.3% (5)	6.5%	6.6%	N/A

Any additional evidence or comments

Exception reporting was explored with the practice. Staff members told us that three letters were sent to patients and they were contacted where appropriate to make an appointment. Only at this point are patients excepted.

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)	559.0	519.4	537.5
Overall QOF score (as a percentage of maximum)	100.0%	92.9%	96.2%
Overall QOF exception reporting (all domains)	10.3%	6.7%	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
Quality improvement activity was targeted at the areas where there were concerns.	YES
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	YES

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

- The practice had conducted three one cycle audits where they had identified the need for change. They had made changes as a result of the audits but had not yet completed the second cycle to analyse the impact.
- The practice had conducted an anti-psychotic medicine audit with regards to prescribing and risk assessing patients.
- The practice had completed an audit of unplanned admissions by conducting searches and using the frailty risk stratification.

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
The practice provided protected learning time for staff and attended CCG organised learning. They also provided in-house education meetings when this was possible.	

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

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
Patients had access to appropriate health assessments and checks.	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
The practice held a meeting with the local hospice regarding end of life care on a two monthly. This was in addition to MDT meetings.	

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>	96.2%	93.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.1% (34)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	YES
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	YES
The practice monitored the process for seeking consent appropriately.	YES
Policies for any online services offered were in line with national guidance.	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
Staff displayed understanding and a non-judgemental attitude towards patients.	YES

CQC comments cards	
Total comments cards received.	0
Number of CQC comments received which were positive about the service.	0
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0
Staff at the practice told us that the comments box had been made available to patients, however, none of the comments cards had been completed.	

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
14813	282	93	33%	0.63%

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)	83.2%	85.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	84.4%	83.8%	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)	95.5%	93.6%	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)	78.6%	79.1%	83.8%	No statistical variation

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

Any additional evidence
The Patient Participation Group had carried out five surveys at the practice since 2012 and taken action to make improvements as a result of all of these.

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
Easy read and pictorial materials were available for patients.	

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)	90.9%	91.2%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	143 carers identified, which is approximately 1% of the registered patient list.
How the practice supported carers (including young carers).	The reception team have a specific form for carers to complete. The practice used a flag to identify them on their IT system. The practice have updated their policies regarding carers and have a supporting information pack to give to them. They told us that they had met with a carers organisation representative so gather information to give to patients.

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
The practice had a confidentiality marker for queuing patients to wait at, to help ensure privacy.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs/ Services did not meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	YES

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.	PARTIAL
The practice made reasonable adjustments when patients found it hard to access services.	YES
There were arrangements in place for people who need translation services.	YES
The practice complied with the Accessible Information Standard.	YES
<p>The practice had had no hot water for two months and although they had made numerous attempts to rectify this by reporting the situation to NHS Property Services, no action had been taken by the property services to remedy this.</p> <p>Staff told us that they utilised the practice business continuity plan when the internet did not work for three days. They were aware of the impact this had on their work load. However, the service provision was able to continue despite the IT issues.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6.30pm
Tuesday	7am - 8pm
Wednesday	8am - 6.30pm
Thursday	8am - 6.30pm
Friday	8am - 6.30pm
Appointments available:	
Monday	8am to 2pm and 2pm to 5.30pm
Tuesday	7am to 12pm and 2pm to 5.30pm and 6.30pm to 8pm
Wednesday	8am to 12pm and 2pm to 5.30pm
Thursday	8am to 12pm and 2pm to 5.30pm
Friday	8am to 12pm and 2pm to 5.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14813	282	93	33%	0.63%

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)	95.2%	93.3%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice provided effective care coordination to enable older patients to access appropriate services. The practice held two monthly meetings with the local hospice to review patients.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available for school age children so that they 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. The practice had a log, and this was updated after each meeting.
- The practice had alerts on the records of high-risk patients. All letters looked at by GPs and all GPs forward safeguarding letters to the lead GP for safeguarding.
- 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.
- The practice was open from 7am to 8pm on Tuesdays. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

Population group rating: Good

Findings

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

Timely access to the service

People were not always 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
The practice had a dedicated phone line for home visit requests and these were carried out, opportunity was taken to carry out medicines reviews and to check on frail patients. Where appropriate some home visits were carried out by a paramedic practitioner.	

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)	32.9%	N/A	70.3%	Significant 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)	48.8%	59.7%	68.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	54.0%	59.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	69.4%	69.3%	74.4%	No statistical variation

Any additional evidence or comments

The practice were aware that patients had expressed concerns regarding getting through to the practice by telephone. They had taken action to address this. For example, the practice used to open its doors to patients at 8am and book appointments for those people queuing outside at this time but did not open the telephone lines for appointments until 8.30am, meaning that many of the appointments could be taken at the point the phone lines were opened. This had been changed so that both the phone system and the doors opened at 8am.

At the time of the inspection there were two telephone lines being answered for appointments and one dedicated home visit request line. After the inspection, the practice had spoken with the telephone supplier regarding access issues. They had increased the number of reception staff answering the phones

and were monitoring phone access on a daily basis using a call manager system. The practice also had online appointments that were available to patients.

Source	Feedback
For example, NHS Choices	3.5 stars, last review 17 October 2018. Practice had responded to the comments.

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.	0

	Y/N/Partial
Information about how to complain was readily available.	YES
There was evidence that complaints were used to drive continuous improvement.	YES
The practice had received a number of complaints regarding delays in referrals. In relation to this they recruited secretary support with audio skills and put an action in place to address a backlog.	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels who could demonstrate that they had the capacity and skills 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.	YES
Staff reported that leaders were visible and approachable.	YES
There was a leadership development programme, including a succession plan.	YES
Explanation of any answers and additional evidence: The practice actively engaged with the CCG and registered their interest to be involved in pilots. They were part of the local federation and benefited from improved access for patients as a result of this, including a paramedic home visiting service. They had joined with three other local practices to form a Primary Care Network. Two of the partners at the practice had recently completed their training to be qualified to train other doctors to be GPs.	

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	YES
The practice encouraged candour, openness and honesty.	YES
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	YES
The practice had access to a Freedom to Speak Up Guardian.	YES
Staff had undertaken equality and diversity training.	YES

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

Source	Feedback
Staff members:	Staff told us that they feel able to raise any concerns with the Practice Manager, and that when they do so action is taken to resolve the concern. They were aware of how to raise a safeguarding alert and felt supported to do so. They told us that they felt supported in their role and that they were appraised annually and that relationships across the staff team were good.

Governance arrangements

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

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

Managing risks, issues and performance

There were 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:	
First cycle audits had been conducted, changes made and were to be completed as two cycle audits to assess improvement.	
The practice is a training practice.	

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
The practice had an active Patient Participation Group (PPG).	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
The practice had an established PPG who met regularly and gathered the views of patients to feedback to the practice and effect change and improvement. The practice had joined three other local practices to form a Primary Care Network and were in the process of formalising how they would work together.	

Feedback from Patient Participation Group.

Feedback
The PPG told us that they meet every two months and that the Practice Manager always attends and the Senior Partner attends once a year. The PPG carry out surveys, where they determine areas that require improvement and then work to make changes occur. For example, the practice used to use an 0844 number which the patients were concerned was too expensive. The PPG fed this back to the practice who agreed to change the number to a local number. The PPG fed back patient dissatisfaction with the telephone lines opening for appointments at 8.30am rather than 8am when the doors opened. This resulted in a change to procedure, with both opening at 8am. The PPG were working with the practice to continue to actively monitor patient access and suggest amendments to improve their experiences.

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

Examples of continuous learning and improvement

The practice had been confirmed as a training practice, and two of the GP partners had successfully become GP trainers. The practice was proactive in developing their staff team. The practice were positive about forming a PCN and the opportunity to learn from one another and to partake in collaborative working.
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Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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