

# Care Quality Commission

## Inspection Evidence Table

### The Coggeshall Surgery (1-569449880)

Inspection date: 24 September

Date of data download: 20 September 2019

## Overall rating: Outstanding

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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>Safeguarding contact details for the local team was available at all computer terminals to give easy access to staff when they needed it.</li></ul>	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>Those patients identified as vulnerable had an alert on their computer records home screen to ensure staff knew how to meet their care needs.</li> <li>Chaperoning was undertaken by clinical staff only.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Vaccination details were maintained in line with current Public Health England (PHE) guidance, and professional registration details held in the clinical staff records. There was a system to ensure the registration of clinical staff was checked and regularly monitored for updates.</li> </ul>	

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:	Y 22/08/18
There was a record of equipment calibration. Date of last calibration:	Y June 2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y September 2019
There was a log of fire drills. Date of last drill:	Y 11/07/2019
There was a record of fire alarm checks. Date of last check:	Y 20/09/2019
There was a record of fire training for staff. Date of last training:	Y November 2018
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y 23/11/2018
Actions from fire risk assessment were identified and completed.	Y

Explanation of any answers and additional evidence:

- Fire alarm checks were carried out weekly.
- The last fire risk assessment identified visual beacons were needed to be installed to ensure people with hearing loss would be alerted to a fire alarm, and a replacement fire alarm panel was also needed. These suggestions had been acted on.
- The practice had two fire marshals to support staff and patients leave the building in the event of a fire.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y August 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y August 2019
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The last health and safety assessment identified the rear door needed repairing, the lead replacing on the roof, and the paving to be improved. These actions had been undertaken to improve the practice premises.</li> </ul>	

### Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Y 08/09/2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was a named infection control lead at the practice that ensured the non-clinical staff had received hand washing and specimen handling training.</li> <li>• We found sharps bins were closed, positioned correctly, and changed regularly.</li> <li>• The practice employed a cleaning company to clean the premises. Cleaning schedules were documented and monitored by the practice.</li> </ul>	

## 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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff told us work was well organised at the practice to apportion cover and support when needed during staff absences and busy periods. We were also told staff had received training to enable them to cover one another at the practice.</li> <li>• All clinicians and non-clinical staff had access to a validated sepsis tool which was seen in each consultation room and at reception desk.</li> </ul>	

## 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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was	Y

managed in a timely manner.	
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>We checked the documents and test results workflow through the practice, and found they were actioned and cleared every day.</li> </ul>	

## 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) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.96	0.95	0.87	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). (01/07/2018 to 30/06/2019) (NHSBSA)	9.2%	10.4%	8.6%	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 (01/01/2019 to 30/06/2019) (NHSBSA)	5.31	5.64	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	2.11	1.85	2.08	No statistical variation

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

<b>Medicines management</b>	<b>Y/N/Partial</b>
guidance.	
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Prescription stationery was locked away securely, recorded, and tracked through the practice.</li> <li>• The practice held appropriate emergency medicines and monitored them to ensure they were safe for use.</li> <li>• Regular audits of high-risk medicines were undertaken, and systems were in place to ensure patients had regular blood testing and follow-up reviews.</li> </ul>	

<b>Dispensary services (where the practice provided a dispensary service)</b>	<b>Y/N/Partial</b>
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the	Y

dispensing process, were regularly reviewed, and a system to monitor staff compliance.	
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> <li>• There was a GP responsible to lead and provide clinical oversight for all dispensary processes.</li> <li>• We saw the 'Standard Operating Procedures' (SOP's) covered all aspects of the dispensing processes. The SOPs had been regularly reviewed and updated to meet current guidance.</li> <li>• We found clear records of dispensing incidents and near misses. These were recorded and reviewed to identify trends, and the learning was acted on to reduce the chance of reoccurrence.</li> </ul>	

## 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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	Y

Number of events that required action:	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Staff told us when things went wrong at the practice there was a 'no blame' culture of openness and support.</li> <li>• Significant events were a standing agenda item at staff meetings and all staff were informed and updated when learning resulted from an event.</li> </ul>	

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

Event	Specific action taken
<u>Concern</u> Verbal abuse from patient at reception, very loud, and aggressive about their palliative relative.	<u>Action</u> Practice manager arranged conflict resolution training and sourced practical tips to diffuse this type of situation.
<u>Issue</u> Member of staff at reception was recently bereaved and this caused them considerable upset even though an apology had been received later that day.	<u>Review</u> Practice manager looked into better arrangements for immediate debriefing should this type of situation arise again.
<u>Concern</u> New computer server installed, crashed.	<u>Action</u> Laptop computers had to be used, however it took 40 minutes to update them in order to access the practice software remotely. Purchase of file duplication software was run at the practice.
<u>Issue</u> Jeopardising clinics and general administration on a busy day and engineers could not be on site until the following day. No documents could be printed when using laptop computers.	<u>Review</u> Before any IT work at the practice ensure backups completed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We saw examples of actions taken on recent medicine and safety alerts for example, regarding sodium valproate use for child bearing age women, and the recall of bisacodyl 5mg gastro-resistant tablets batch 25074A (MDR 34-04/19).</li> </ul>	



# Effective

# Rating: Outstanding

## The practice was rated as outstanding for providing effective services because:

- Every staff member at the practice was committed to improving service quality and patient outcomes. These quality efforts included both clinical and non-clinical work and was evidenced in the continual improvement of quality outcome framework (QOF) results over the last four years.
- High performance was recognised by clinical professionals that visited and worked at the practice.
- The practice team were dedicated to working collaboratively to ensure patients received consistent, coordinated, care and treatment.

## 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Effective referral pathways were seen for example; for atrial fibrillation (AF) and dementia.</li><li>• Patients with long-term conditions had received regular reviews and records had been updated with continuing care and treatment plans.</li></ul>	

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) (01/07/2018 to 30/06/2019) (NHSBSA)	0.90	0.91	0.75	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice held a register of older patients who were living with moderate or severe frailty. Those identified received a full frailty assessment of their physical, mental, and social needs that was seen recorded in their patient records.</li> <li>Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. We were told the nurses took the opportunity when immunising patients, to check if they have not been seen at the practice recently and offered them a health check.</li> <li>The practice had excellent flu immunisation uptake, and also encouraged pneumococcal and shingles immunisations for those in their 70 and 80s.</li> <li>Patients over 75 years of age were offered a comprehensive annual health check.</li> <li>The practice followed up on older patients discharged from hospital. This ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Structured annual medication reviews were carried out for older patients.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>To ensure local access to monitoring for patients taking blood thinning medicine the practice provided an in house service. The practice also provided other specialist monitoring and treatments, for example pressure bandaging.</li> <li>We were told the practice had developed excellent lines of communication at the multidisciplinary team (MDT) meetings, with the community care teams, palliative teams and social agencies, to ensure effective care and improved patient outcomes.</li> </ul>

## People with long-term conditions

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>Staff who were responsible for reviews of patients with long-term conditions (LTC) had received specific training. Clinical staff opportunistically offered reviews if patients had failed to attend previous appointments.</li> <li>GPs followed up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma.</li> <li>The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.</li> <li>Adults with newly diagnosed cardio-vascular disease were offered statins.</li> <li>Patients with suspected hypertension were offered ambulatory blood pressure monitoring.</li> <li>Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.</li> <li>The practice followed up on patients with LTC discharged from hospital. It ensured that their care</li> </ul>

plans and prescriptions were updated to reflect any extra or changed needs.

- The GPs at the practice reviewed patients on shared cared plans with the hospital quarterly, to monitor they were receiving consistent and accurate care.

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>	87.2%	74.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	12.2% (38)	12.0%	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>	90.3%	69.7%	77.7%	Variation (positive)
Exception rate (number of exceptions).	7.4% (23)	8.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.7%	73.3%	80.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	9.0% (28)	12.7%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.9%	74.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (4)	8.3%	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>	93.9%	89.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.1% (10)	14.9%	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>	87.7%	81.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.2% (22)	3.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.5%	89.9%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	8.7% (11)	4.9%	6.7%	N/A

## Families, children and young people Population group rating: Outstanding

### Findings

- The practice had a lead nurse for this cohort of patients.
- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice monitoring system had been specifically set-up to ensure failed attendances of child appointments were always followed-up after an appointment for referred secondary care, or for immunisation, and liaison with health visitors was carried out when needed.
- 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.
- 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.
- Immunisation clinics for the very young were available.
- Children were offered same day and urgent appointments, and those that had been identified as vulnerable were seen as an emergency.
- Eight week post-natal care for mums, and babies were provided with their immunisations.
- Contraceptive services including the fitting of intrauterine devices and implant fitting.
- Since the UK has lost measles free status the practice had identified all 10 to 11 year olds to provide a catch up vaccination. Invitations were sent out to 16 children that had an incomplete immunisation record.

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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) <small>(NHS England)</small>	58	60	96.7%	Met 95% WHO based target

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	52	52	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	52	52	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	52	52	100.0%	Met 95% WHO based target

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>

### 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.
- Due to recent national concerns regarding patients that had missed their MMR, staff had contacted families to ensure a good uptake for vaccination had been achieved.
- Cervical cytology uptake, and adequacy of samples taken were amongst the highest in the local clinical commissioning group (CCG). We were told clinicians offered cervical smear tests opportunistically, and a named administrator provided invites and followed up on patients that did not attend for their appointments.

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)	79.7%	N/A	N/A	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	63.7%	70.1%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in	63.4%	57.9%	54.4%	N/A

last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)				
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)	87.5%	63.7%	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)	33.3%	54.3%	51.9%	No statistical variation

### Any additional evidence or comments

We asked the practice about the below target cervical cancer screening indicator and new cancer screening resulting in two week wait referrals.

- We were told the clinicians had started to use the national cancer audit and cancer care plan templates to improve cancer screening.
- Unverified data from the practice computer system for these indicators showed improvement for the indicators we had asked about.

### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- Same day appointments and longer appointments were provided 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 to identify and then vaccinate patients with an underlying medical condition according to the recommended schedule required for their medicine needs.
- The practice demonstrated that they could identify people who misused substances.
- Multidisciplinary team (MDT) monthly meetings were held to discuss vulnerable patients, in addition to the discussions at the practice clinical meetings.
- Referrals were made to other agencies when appropriate and followed up at MDT meetings.
- GPs contacted patients who had particularly urgent health needs for follow-up and monitoring in this population group.
- Patients had alerts on their computer patient records to ensure all staff were aware of any special needs, for example, hearing issues, appointment time preferences for example, earlier or later in the day when the practice was quiet.

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

Population group rating: Outstanding

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorders. By providing access to health checks, and interventions for example, advice regarding physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services were made accessible for this population group.

- Same day and longer appointments were provided when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm, the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- There was a GP lead in mental health and had attended recent workshops for dementia and mental health.
- Referrals were made to the local mental health team services as necessary.

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%	85.2%	89.5%	Variation (positive)
Exception rate (number of exceptions).	5.9% (2)	17.6%	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%	79.4%	90.0%	Variation (positive)
Exception rate (number of exceptions).	5.9% (2)	16.5%	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>	97.2%	83.3%	83.0%	Variation (positive)
Exception rate (number of exceptions).	2.7% (1)	9.2%	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)	559.0	529.0	537.5
Overall QOF score (as a percentage of maximum)	100.0%	94.6%	96.2%
Overall QOF exception reporting (all domains)	3.8%	5.2%	5.8%



	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

<ul style="list-style-type: none"> <li>We saw the practice had carried out over 30 audits in the past two years. These audits were run on continuing cycles to ensure the improvement work carried out was effective and seen in better-quality patient outcomes.</li> <li>Example audits that had been undertaken included; intrauterine contraceptive device (IUCD), contraceptive implant, mental health, non-steroidal anti-inflammatory disease medicine use, potentially harmful medicine use, over the counter medicine prescribing, controlled drug prescribing, long term steroid medicine use, antibiotic prescribing, national cancer audit, diagnostic audit, joint injections, the dispensing services annual quality audits, obesity in diabetics, and cause of death audit. These audits had resulted in changes to clinical management and medicine prescribing for individuals, ensuring the work delivered was in line with best practice guidance.</li> <li>We saw also audit used to constantly monitor medicine prescribing for example, poly pharmacy, high risk medicines, and safety and medicine alerts.</li> </ul>
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## 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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical	Y



supervision and revalidation. They were supported to meet the requirements of professional revalidation.	
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff told us they were provided protected time for training and to deliver the extra responsibilities attached to their roles. For example, a GP was given time to follow up safety alerts and ensure all actions were undertaken.</li> </ul>	

### Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Multidisciplinary case meetings occurred on a monthly basis. The patient participation group (PPG) at the practice, were proactive and involved in decision making throughout the practice, this included, training delivered by PPG member to teach patients how to use the newly installed computer self-arrival screen.</li> <li>We also saw that 30% of the practice patients requested their appointments online.</li> </ul>	

### 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.	Y

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carer's as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff told us about how they have embraced the clinical commissioning group (CCG) 'Open the Bag' campaign. This campaign was aimed at reassuring patients that although their medicine packaging may look different it contains the same active ingredient.</li> <li>We were also told about their support for the national campaign regarding over the counter medicines, for people to purchase their own medicine to treat minor ailments and for self-limiting conditions (having sought advice from the clinicians or a local pharmacist first).</li> <li>The practice held a register of overweight patients and those patients that smoked, they supported and followed-up people on these registers with lifestyle advice.</li> </ul>	

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) (QOF)	97.8%	94.2%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.7% (10)	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Patient records showed consent, either written or verbal was recorded appropriately.</li> <li>Staff were aware of the need to request consent to share records with referrals in line with</li> </ul>	

general data protection regulation (GDPR) principles.

## Caring

## Rating: Outstanding

The practice was rated as outstanding for providing caring services because:

- Feedback from patients was consistently positive and was higher than local and national averages.
- There was a strong caring and supportive person-centred culture at all levels within the practice whether staff were clinical, or non-clinical.
- The practice had consistently high and positive patient satisfaction over the period of four years since their previous inspection. This data showed an average of a 10% increase of their own satisfaction percentages within the time period.

### 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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We witnessed a number of examples of compassion and understanding displayed showing no prejudice as we observed staff talking with patients at the practice reception, and dispensary desks.</li> </ul>	

CQC comments cards	
Total comments cards received.	33
Number of CQC comments received which were positive about the service.	33
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Card	Consistently excellent service. Practice nurses always work with outstanding professionalism. The support and care is second to none.
Comment Card	Never had any problem getting an appointment, this surgery is a model of excellent care. My family and I consider we are most fortunate to be patients here.
Comment Card	An absolutely super practice, the dispensary service is amazing. All Staff go above and beyond to care for me.

## 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
6049	243	130	53.5%	2.15%

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 (01/01/2019 to 31/03/2019)	99.2%	85.9%	88.9%	Variation (positive)
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 (01/01/2019 to 31/03/2019)	96.8%	85.3%	87.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	100.0%	94.7%	95.5%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	97.1%	78.3%	82.9%	Variation (positive)

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

### 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.	Y

Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Easy read and pictorial materials were available for use to support patients during consultations.</li> </ul>	

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> <li>• Patients told us they never felt hurried during their consultations, and their care was delivered by caring professional clinicians.</li> <li>• We were also told the receptionists were extremely helpful and supportive of patients. For example, we were told by a patient that we interviewed, a staff member had delivered their medicine to their home when they were unable to get back to the practice to collect it.</li> </ul>

### 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 (01/01/2019 to 31/03/2019)	98.0%	92.9%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Leaflets and information were available in easy read format on request.</li> <li>• The practice had worked hard to encourage people to use the information and services available on their website. For example, online appointments, repeat prescriptions requests, and self-help information for patients to manage their own health.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>• 79 patients had been identified as carers which equated to 1.4% of the practice population.</li> </ul>
How the practice supported carers (including young	<ul style="list-style-type: none"> <li>• We saw signage and posters encouraging patients to identify themselves as carers, this included younger carers.</li> </ul>

carers).	<ul style="list-style-type: none"> <li>We also saw an invitation on the self-check in screen.</li> <li>The practice had recently started to use a carers module on their patient computer record system which supported staff to recognise carers needs.</li> <li>Carers were offered flu vaccinations and opportunistically offered health checks to ensure their own health.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>The practice offered a bereavement leaflet for relatives and carers entitled 'What to do when someone dies'. This was offered whether relative or carer was a registered patient at the practice.</li> <li>The practice nurse had written a very moving book reflecting on her own struggle to cope with loss in order to raise awareness. It outlined the necessity for ongoing support and help that was essential for patients dealing with loss. This book had been published in aid of the local hospice.</li> </ul>

## 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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We saw that patients were asked to stand back from the reception desk until called forward by the receptionist to protect patients privacy.</li> <li>We asked patients on the day of inspection if their privacy and dignity was respected by clinical and non-clinical staff. The response from them all was overwhelmingly yes, with examples provided to demonstrate how they felt about the care and treatment they received.</li> </ul>	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on	Y

video and voice call services.	
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We found excellent details about security on the practice website to keep people safe when using online services.</li> <li>• The practice did not carry out consultations online.</li> </ul>	



## Responsive

## Rating: Outstanding

### The practice was rated as outstanding for responsive services because:

- Services were tailored to meet the needs of individual people and delivered in a way to ensure they had the flexibility of choice and continuity of care.
- There were innovative approaches to providing integrated person-centred care.
- The practice had identified areas where there were gaps in provision locally and had taken steps to address them.
- High patient satisfaction showed a consistent increase year on year against their own data for the period of four years since their previous inspection.

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice aimed to provide a holistic approach to healthcare. For example, one appointment to monitor older people, and those with more than one long term condition. We were told they moved the clinician(s) around the patient and not the other way around.</li> <li>• The premises were accessible to all however, a practice wheelchair was available to assist patients when needed.</li> <li>• The practice had recently increased the length of time for appointments to 15 minutes from 10 minutes, which had not impacted on the availability or accessibility to an appointment. There were also 20 minute appointments for patients with multiple conditions or vulnerability that allowed a holistic one appointment approach.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 7.30pm
Thursday	8am – 6.30pm
Friday	8am – 1pm and 2pm – 6.30pm

Extra evening and weekend appointments were available at one of six extended access hubs. The practice could book appointments, Monday to Friday 6.30pm to 8pm, or Saturdays 8am to 2pm, and Sundays 8am to 2pm. When the practice was closed and outside these extended hours patients called the NHS 111 service.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6049	243	130	53.5%	2.15%

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 (01/01/2019 to 31/03/2019)	100.0%	93.8%	94.5%	Significant Variation (positive)

### Any additional evidence or comments

### Older people

### Population group rating: Outstanding

#### Findings

- All patients in this population group had a named GP who supported them in whatever setting they lived.
- The practice provided a 'one stop shop' approach for this population when providing healthcare and annual recalls. The consultation, immunisation, dressing, blood test, electro cardiogram (ECG), medicine review all in one visit.
- The practice was responsive to the needs of older patients and offered home visits, urgent appointments for those with enhanced needs, and complex medical issues. This service was provided by the practice nurse practitioner who supported the practice culture of holistic care, for example, any unmet needs of patients were identified whilst in their home and addressed during their home visit where possible.
- A good relationship had been established with the local pharmacy for those patients the practice did not dispense for to provide home deliveries and single dose medicine boxes.
- The practice provided effective care coordination to enable older patients to access appropriate services. For example, falls prevention work, consisting of balance exercises, spotting those that use their arms to get out of chairs. The practice was also actively involved in the local 'slipper exchange' scheme in conjunction with local community and exchanged 21 pairs.
- Patients that used transport on the Coggeshall community bus were provided appointments to fit in with the bus timetable.
- 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.

### People with long-term conditions

### Population group rating: Outstanding

## Findings

- Patients with multiple conditions had their needs reviewed in one holistic appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice had attained 100% achievement for quality outcome framework (QOF) and exceeded the targets for long term conditions over the last five years.
- New software used at the practice had validated the long term condition registers to ensure all patients with a, LTC were identified and receiving treatment.
- The practice streamlined appointments and recalled patients on multiple registers to ensure patients with LTC's were addressed at the same appointment.
- Patients were invited to attend for review as individuals and not into designated clinic types.
- The practice liaised regularly with the local community 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 and/or approaching the end of life was coordinated with other service providers.
- The GPs have a weekly meeting where a list of patients who need their annual long-term condition review were discussed to ensure any investigations needed were arranged.

## Families, children and young people

Population group rating: Outstanding

### Findings

- Appointments were available outside school hours so that children did not miss school.
- We found the practice had a system to identify and follow-up children living in disadvantaged circumstances and or maybe 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 and if children did not attend for their appointment, this was always followed up by the practice.
- The practice worked with the notion that family was from cradle to grave. They told us that they understood how diverse the reality of 'family' could be and how this could change over time. We were told that their local knowledge was invaluable to support families locally.
- All staff had received training and were aware of safeguarding risks relating to this population group.
- A mixture of pre-bookable/emergency appointments were available, together with on-line bookable appointment slots.
- The practice held an 'at risk' children's register which GPs discussed every three months, for example, a sick child in the home may impact on the rest of the family's well-being and extra support may be needed.
- The practice considered their expansive local knowledge of the families in the local area supported this group of patients due to official social care scarcity.
- Whole families were registered to ensure the practice understood the entire family bigger picture.
- The practice understood that adolescents struggled to transition to adult hood with regards to health care confidentiality that may hinder them seeking help. In response to this issue they were actively addressing this within the waiting room and during face to face contact.
- A vulnerable children's register had been established for over six years to ensure children received the level of protection needed. The register included complex physical needs, severe psychiatric illness and learning disabilities. This register was reviewed every three months by the GPs.

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

Population group rating: Outstanding

### Findings

- The needs of this population group had been identified and the practice had adjusted their services to ensure they were accessible, flexible, and offered continuity of care.
- A mixture of pre-bookable, emergency, and telephone appointments were available, together with on-line bookable appointment slots for this population group.
- GPs understood the need to be flexible for this group of patients and if follow-up advice or contact was needed the GPs often phoned after practice hours, during the week, and weekends if necessary. Two patients in this population group confirmed to us that GPs phoned outside practice hours during the inspection.
- The practice provided an extended hours service on Wednesdays with a nurse and GP.
- The practice could book appointments at the extended access hub, Monday to Friday 6.30pm to 8pm, or Saturdays 8am to 2pm, and Sundays 8am to 2pm.
- A student told us that they did not attend the university medical centre, that they preferred to come home to seek treatment.
- To support students going off to university we saw Information in the waiting room regarding fridge

hygiene and meningitis awareness for first time students

- A mailshot had been sent to 19 to 24 year olds where immunisations status unknown.
- The practice provided cervical screening to women from the age of 25 and have extended their HPV vaccinations programme to 18 to 24yr olds.

### **People whose circumstances make them vulnerable**

**Population group rating: Outstanding**

#### **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 for treatment at 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 services appropriate to their need.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- In response to the government equalities office commissioning 'Pride in Practice' the practice had arranged training. The training supports practices strengthen and develop relationships with their lesbian, gay, bi-sexual and transsexual (LGBT) patients. Staff have received awareness training that vulnerability takes various guises
- Staff stood by Caldicott and GDPR principles in their understanding about when and when not to share information lawfully.
- The practice 'frailty' and 'palliative care' registers were discussed regularly during monthly clinical meetings
- The practice had signed up to the 'daffodils' standard for end of life care and applied the gold standard framework (GSF) prognostic indicators which colour coded all severely frail patients on their registers.
- All deaths were discussed in the monthly meeting and an in-house leaflet had been produced to support the bereaved with advice about support. The practice actively offered that family members could join the practice as temporary residents when they were dealing with bereavement.
- Staff have been trained in house to be aware of and look out for controlling and or furtive behaviours.
- Patients with disability or sensory loss were considered vulnerable for communication needs, in accordance with the accessible information standard (AIS).

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

**Population group rating: Outstanding**

#### **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.
- The practice had recently participated in the clinical commissioning groups (CCG) 'severe mental illness' register review, aimed at improving the healthcare of patients in this population group
- GPs told us the concerns they had with regards to the inclusion criteria to mental health registers. They had carried out audits on patients taking antipsychotic medicines and included these patients

for health checks to increase the cohort of people monitored, for improved health outcomes at the practice.

- The reception team were aware when to raise suspicion to a clinician if a patient appeared confused about their medicine or appointments.
- A follow-up appointment was booked by the GP before they leave the consulting room for people they were concerned about.
- Post-natal mothers were screened for depression at their eight week check.
- The practice held a bereavement register to remind staff the anniversary of bereavement for patients which they knew could be a trigger point and could enable staff to support them appropriately.
- Patients at risk of dementia were checked using the six point cognitive test.
- Reception staff had been trained to be vigilant when patients forgot appointments or were confused about their medicines and report this to clinicians.
- The practice encouraged carers and or family members to attend appointments with this population group.

### 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Patients told us they could always get an appointment whether it was pre-booked, or they had an urgent need.</li> </ul>	

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 (01/01/2019 to 31/03/2019)	96.4%	N/A	68.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	90.9%	60.6%	67.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	85.8%	57.1%	64.7%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	90.0%	72.3%	73.6%	Tending towards variation (positive)

Source	Feedback				
For example, NHS Choices	Telephone access  25 ratings	Appointments  25 ratings	Dignity and respect  25 ratings	Involvement in decisions  25 ratings	Providing accurate information  25 ratings
	We noted each review had been answered with an appreciative thank you for taking the time to provide the review.				

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	7
Number of complaints we examined.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Complaints were a standing agenda item to be discussed during practice meetings. We saw minutes that showed learning had resulted from complaints and shared with all staff.</li> </ul>	

Example of learning from complaint.

Complaint	Specific action taken
<u>Witten Complaint</u> Complaint regarding treatment of a deceased father during last home visit.	<u>Action</u> Letter written to complainant by the clinician who visited. <u>Review</u> Complainant satisfied with explanation. Clinicians were reminded to be clear whilst in patients home, that information was given to the person responsible for patient.



## Well-led

## Rating: Outstanding

### The practice was rated as outstanding for well-led services because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- Leaders at the practice had an inspiring shared purpose that motivated staff to succeed.
- There were high levels of staff satisfaction and spoke with pride about the culture and constructive engagement.
- High patient satisfaction showed a steady increase year on year since their previous inspection.
- There was a common focus by the practice staff to improve quality of care and peoples satisfaction.

### 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We saw the clinical and managerial leadership at the practice worked together to provide high level leadership, quality treatment, and care.</li> <li>• The practice manager and GPs told us that informal meetings took place daily.</li> <li>• Staff reported that they felt well-led and part of a team they were proud of. There was strong collaboration and support across the practice team and there was a shared focus on improving the quality of care and people's experiences.</li> <li>• Staff told us the practice leadership motivated them to deliver the finest care and encouraged them to succeed.</li> <li>• Staff met monthly with multidisciplinary teams to regularly discuss any issues or complex cases to offer and receive peer support.</li> </ul>	

### 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.	Y
There was a realistic strategy to achieve their priorities.	Y

The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice promoted their holistic approach, and their vision and values throughout the practice.</li> <li>• We were told the practice mission was: <ul style="list-style-type: none"> <li>○ To ensure patients get the right treatment at the right time in the right place.</li> <li>○ 'It's all about the patient'.</li> </ul> </li> </ul>	

## 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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice leadership was aware of and had systems to ensure compliance with the requirements of the duty of candour.</li> <li>• Commitment to offer training and support to staff was seen throughout the practice to improve patient care and satisfaction.</li> </ul>	

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

Source	Feedback
Staff members	Told us they felt valued by both management and clinical leaders.
A physiotherapist that provided a	Never heard a negative word said about the practice. Access to GPs always excellent.

service at the practice.	Great communication with receptionists that were excellent at signposting patients.
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## 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was a third-party agreement between the practice and a physiotherapist that provided a service at the practice.</li> <li>• All staff attend the monthly meetings where standard agenda items such as significant events analysis, complaints, compliments, and new workflow issues were discussed.</li> <li>• Communication was effective and organised through structured, minutes taken during meetings.</li> <li>• Clinicians met informally on a daily basis to discuss work prioritisation and current issues.</li> <li>• The lead GP was the formal information governance lead at the practice, supported by the business support manager. Current work included the implementation of general data protection regulations (GDPR) and the data security and protection toolkit.</li> <li>• All staff have completed GDPR awareness and information governance training.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Clinical performance was regularly monitored with clinical audit and staff competency checks.</li> <li>• Recent problems with the computer server outage and loss of data at the practice had shown the practice major incident plan worked well.</li> </ul>	

- The practice had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommended actions from risk assessments had been carried out.

### 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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We saw well documented risk management, with actions taken to reduce risks to patients.</li> <li>• Validation of disease registers to ensure data used to drive improvement of patient outcomes had been undertaken.</li> </ul>	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice website gave advice for patients to manage their requests for online repeat prescriptions, appointments, and personal details security.</li> </ul>	

### 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.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff feedback highlighted a dedicated team with an optimistic collaborative ethos.</li> <li>• Staff told us the clinical and managerial leadership proactively asked for feedback and suggestions about the way their service was delivered.</li> <li>• We were told the practice facebook page was very positive and kept patients up to date with developments at the practice.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>• The practice patient participation group (PPG) consisted of between 24 to 30 members who met five to six times a year at the practice, with the practice manager and a GP always in attendance.</li> <li>• We were told that any concerns or ideas that the PPG had with regards to assisting the practice in its day to day running was well received. For example, the front doors were changed to automatic doors, and both the reception and dispensary hatches remained open to allow access to staff.</li> </ul>

Any additional evidence
<ul style="list-style-type: none"> <li>• The practice had produced a comprehensive plan with their perceived key priorities for the next three years. The plan included their commitment to the governments agenda to grow additional capacity through new roles within their primary care network (PCN) and opportunities for non-clinical staff to support clinical practice further.</li> <li>• The lead GP at the practice had been appointed the deputy chair of the PCN, working with other local clinicians and administrative staff to develop a network with the mandated timescales and create a shared vision to improve the health of the combined practices population.</li> </ul>

**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.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• All staff members we spoke with told us they were encouraged and supported to attend any training they felt would support the practice to improve the quality of care they provided for patients.</li> </ul>	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> <li>• The practice had a culture of learning, developing, and improving, through an extensive programme of clinical audit and continual monitoring of all the care and treatment carried out.</li> <li>• Management had improved administrative functions and the practice work flow to support and</li> </ul>

reduce the work for GPs and to give them more clinical time.

- Staff were encouraged to develop their clinical and non-clinical skills.
- We saw evidence of regular training in all the staff records we looked at.
- There was a 'no-blame' culture at the practice, to encourage the best possible learning from complaints and significant events.
- For the future the GP that leads on training and development was progressing an initiative to offer elective placements for medical students by January 2020.

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

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

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

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

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

#### Glossary of terms used in the data.

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