

Care Quality Commission

Inspection Evidence Table

Paston Surgery (1-548335195)

Inspection date: **15 November 2018**

Date of data download: 13 November 2018

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The safeguarding lead was trained to level four in safeguarding and had provided training for local practices.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The new practice manager was in the process of implementing a new recruitment check system to ensure all appropriate paperwork was maintained and gathered in an appropriate time frame. This included improvements to the recording of the induction processes.</p>	
Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/Test:</p>	<p>Yes</p> <p>August 2018</p>
<p>There was a record of equipment calibration.</p> <p>Date of last calibration:</p>	<p>Yes</p> <p>May 2018</p>
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Yes
Fire procedure in place.	Yes
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check:</p>	<p>Yes</p> <p>September 2018</p>
<p>There was a log of fire drills.</p> <p>Date of last drill:</p>	<p>Yes</p> <p>October 2018</p>
<p>There was a record of fire alarm checks.</p> <p>Date of last check:</p>	<p>Yes</p> <p>November 2018</p>
There was a record of fire training for staff.	Yes
There were fire marshals in place.	Yes
<p>A fire risk assessment had been completed.</p> <p>Date of completion:</p>	<p>Yes</p> <p>November 2018</p>
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The risk assessment highlighted that a fire extinguisher required replacing and this had been replaced.</p>	
Health and safety	Y/N/Partial
Premises/security risk assessment carried out.	<p>Yes</p> <p>May 2018</p>

Date of last assessment:	
Health and safety risk assessment and actions Date of last assessment:	Yes May 2018
<p>Explanation of any answers and additional evidence:</p> <p>The practice carried out a full premises, security and health and safety risk assessment and had acted on any identified actions. For example, the lighting in a consultation room required replacing and this had been completed. The practice were implementing a new health and safety monthly checklist to further improve on their management of risks within the practice.</p> <p>A legionella risk assessment had been completed in July 2017 and reviewed again in September 2017. Actions had been taken to support the management of legionella risks such as regular monitoring of water temperatures.</p>	

Infection control	Y/N/Partial
Infection risk assessment and policy in place.	Yes
Staff had received effective training on infection control.	Yes
Date of last infection control audit:	November 2018
The provider had acted on any issues identified in infection control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The infection prevention and control policy covered issues including spillages, waste management, needle stick injuries, disposal and use of sharps and sample handling.</p> <p>The infection prevention and control audit had been completed and identified actions had been acted upon. For example, we found clinical rooms had been de-cluttered and new pedal bins had been purchased.</p>	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including	Yes

sepsis.	
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 clinician review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Sepsis training had been given for non-clinical staff to help them identify patients that may have this condition. There was also a sepsis protocol in place to aid with triaging. Any concerns regarding patients were immediately forwarded to the duty GP.</p>	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The provider 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>Explanation of any answers and additional evidence:</p> <p>Hospital correspondence was managed on a daily basis and the practice had completed an audit to ensure that the system in place was working efficiently. No concerns were raised from the audit.</p>	

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines.

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.13	1.06	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	11.9%	10.8%	8.7%	Comparable with other practices

Medicines management	Y/N/Partial
The provider 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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management 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, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed patients on high risk medicines such as Methotrexate, Lithium and Azathioprine and found that appropriate monitoring had taken place. However, due to some patients having blood tests in secondary care, results were not always recorded on the clinical notes prior to prescribing, although appropriate blood tests had been completed. The practice could demonstrate that they were able to access these results. Since the inspection, the practice has taken the following steps:</p> <ul style="list-style-type: none"> • Searches of all patients on high risk medicines and a review of the last blood test. Any patients required were contacted to book a blood test. • A task was added to the system so that any patient on high risk medicines was alerted to dispensary staff before dispensing and a task was sent to the GP for approval. • An audit was scheduled to be completed three months after our inspection to check the system is working appropriately. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
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.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any answers and other comments on dispensary services:	

Track record on safety and lessons learned and improvements made

The practice had a good track record on safety issues. 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.	30
Number of events that required action.	30
Explanation of any answers and additional evidence: Staff were encouraged to raise any areas of concern relating to safety. The practice also reviewed external significant events that were related to the practice. For example, the practice supported a local care home and reviewed an incident where the incorrect medicine was given to a patient by the home. The practice monitored the patient appropriately and contacted the home for an update on the progress of their incident reporting.	

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

Event	Specific action taken
Referral was not sent within a timely manner.	The patient was reviewed and treated as appropriate, a full investigation was completed and the patient informed. The practice changed their process to ensure a more effective method for managing referrals was implemented to reduce the likelihood of this happening again.
Patient did not have enough time to fully discuss outcomes of further treatments following an implant removal.	The process for the removal of implants had been reviewed and improved. The clinician now phoned the patient to discuss implications prior to the appointment to ensure patients had enough time to make a fully informed decision.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understand how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	

The alerts were received by the data compliance manager and appropriate searches were run for any affected patients. Lists were then sent, with the alert, to a GP who reviewed these patients. Alerts relating to dispensary were sent to the dispensary manager who completed any stock reviews. A full log of alerts and associated actions was kept.

Effective

Rating: **Good**

Please note: QOF data relates to 2017/18 unless otherwise indicated

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

	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' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Explanation of any answers and additional evidence:	

Effective needs assessment, care and treatment

Prescribing				
Indicator	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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.29	1.24	0.83	Comparable with other practices

Older people

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. This included working closely with the local integrated care coordinator to address social issues for patients with complex care requirements. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being severely frail had a clinical review including a review of medication and a review of any falls. 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 referred to a local rapid response team to reduce the number of unplanned admissions.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. This included work with the district nursing and therapy teams.
- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was above or in line with local and national averages.

Diabetes Indicators				
Indicator	Practice performance	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)	86.9%	81.9%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.0% (87)	18.1%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
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)	81.3%	78.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (33)	11.8%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	82.8%	81.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.0% (58)	18.1%	13.5%	

Other long-term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	72.7%	75.9%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (10)	9.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.6%	93.5%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (12)	13.6%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.8%	85.1%	82.6%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4%	(44)	4.5%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	86.4%	92.6%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0%	(15)	9.7%	

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates were in line with the target percentage of 90% or above. The practice contacted any patient who had not taken up the offer of immunisation to find out why and provide education if required. The practice held sexual health and contraception clinics. Clinics were held for 3.5 year pre-school checks for children. Any concerns highlighted at this appointment were referred on to the health visitor. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice also held regular monthly meetings with the health visitor to discuss concerns.

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	37	39	94.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have	59	63	93.7%	Met 90% minimum

received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				(no variation)
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) (01/04/2017 to 31/03/2018) (NHS England)	59	63	93.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	58	63	92.1%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice's uptake for cervical screening was 73.8%, which was below the 80% coverage target for the national screening programme but in line with local and national averages.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- 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 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice provided a travel clinic for patients to utilise.

Cancer Indicators

Indicator	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) (01/04/2016 to 31/03/2017) (Public Health England)	73.8%	77.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.7%	79.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	62.7%	63.7%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	39.4%	66.9%	71.3%	N/A
Number of new cancer cases treated (Detection	60.0%	50.7%	51.6%	Comparable

rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				with other practices
---	--	--	--	----------------------

Any additional evidence or comments

- We discussed with the practice the lower than average outcomes for 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. The practice were aware that this was low and had reported there had been a coding issue. We checked records of some patients and found appropriate treatment and timely reviews had been undertaken.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice regularly liaised with the local palliative care team to discuss patients at the end of life.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Staff had been trained by a local charity and a prison liaison officer in domestic abuse awareness to improve the care offered to patients.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The practice was proactive in identifying patients with dementia and was a high achiever for diagnosing and coding patients appropriately with dementia.
- 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. This included providing daily prescriptions in some cases to continually review the care provided to patients.
- The practice was actively involved in researching and developing a program of support for North Norfolk practices, aiming to achieve more integration of mental health and wellbeing services.
- 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.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was generally in line with local

and national averages. Where the practice had some lower than average outcomes, the exception reporting was also lower than local and national averages. We reviewed the care provided to some patients with poor mental health and found them to be appropriately managed.

Mental Health Indicators				
Indicator	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)	87.5%	93.7%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (6)	25.8%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
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)	81.6%	91.9%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (5)	20.3%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
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)	83.3%	82.8%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.1% (9)	9.1%	6.6%	

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. Where appropriate, clinicians took part in local and national improvement initiatives.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
Explanation of any answers and additional evidence: The practice conducted several clinical and non-clinical audits to drive the standard of care within the practice. These included dispensary, safeguarding, asthma and mental health audits. The practice was an active teaching practice and regularly had year one and three medical students in to teach, as well as GP registrars.	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	553	540
Overall QOF exception reporting (all domains)	5.0%	6.4%	5.8%

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

Improvement activity
An audit had been completed to ensure patients taking Alendronic Acid for Osteoporosis conditions were taking it according to recommended guidelines. The practice found 13 patients were taking the medicine incorrectly. As a result, these patients were contacted and advice was given. A review of the audit was completed three months later and found that of the 13 patients previously identified, 12 were taking the medicine correctly. The remaining person was contacted by a GP and further support for this patient was implemented.
The practice had completed an audit of patients with asthma who took high doses of asthma medicines. The practice had identified 39 patients and had implemented practice wide guidelines to manage these patients, such as regular three-monthly step down of medicines if appropriate, regular reviews of patients on more than 12 prescribed inhalers per year and improved recording in clinical notes.

Effective staffing

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 provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, 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	Yes

advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence: Staff reported that their training needs were met by the practice and that training was actively encouraged by the management team. Staff felt confident to be able to request training and discuss this during their appraisals.	

Coordinating care and treatment

Indicator	Y/N
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) <small>(QOF)</small>	Yes

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

	Y/N/Partial
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 co-ordinated way when different teams, services or organisations were involved.	Yes
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Yes
Explanation of any answers and additional evidence: The practice kept a list of patients at the end of life and communicated this to all staff so that they were aware and could offer the appropriate care at each intervention.	

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

Explanation of any answers and additional evidence:

There was a blood pressure machine as well as height and weight monitors in the reception area for patients to utilise that encouraged self-care. There was also an information board on physical exercise and the benefits, as well as advice on keeping healthy during pregnancy. The practice also promoted the ways staff kept healthy within the practice with information on walking and cycling.

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)	95.6%	95.4%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (17)	0.5%	0.8%	

Any additional evidence or comments

--

Consent to care and treatment

The practice 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
Explanation of any answers and additional evidence: The practice gained appropriate written consent when completing minor surgery.	

Caring

Rating: **Good**

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

CQC comments cards	
Total comments cards received.	24
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Examples of feedback received

Source	Feedback
CQC comment cards.	Comment cards were wholly positive relating to the care received by the practice. Patients commented that staff were friendly and helpful, caring and that nothing was too much trouble.
Patient interviews.	Patients we spoke with were wholly positive regarding the care received at the practice. Comments included that staff treated patients with 'excellence'.

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 has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6611	231	118	51.1%	1.78%

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)	91.1%	93.0%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time	90.9%	90.6%	87.4%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
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)				practices
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)	95.4%	97.0%	95.6%	Comparable with other practices
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)	82.6%	88.6%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
	Although the practice had not carried out a patient survey, they had fully evaluated the outcomes of several pieces of patient feedback. This included complaints and other feedback, the text message service, NHS Choices and the national GP Patient Survey. The practice had implemented an action plan to address lower than average outcomes relating to accessing the service.

Any additional evidence
The practice had received 17 recorded pieces of positive feedback since April 2018. Comments included how well clinicians listened to patients, the caring and kind nature of all staff and the 'excellent professionalism' on display within the practice. The practice ensured that this feedback was shared with staff in meetings to improve morale.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient feedback	We viewed correspondence from patients that stated clinicians involved them in their care and treatment options and always took the time to explain medicines.
Interviews with patients.	Patients commented that staff always took the time to listen to them and they felt involved in decisions about their care. This included discussions regarding medicines and new diagnoses.

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)	95.2%	95.3%	93.5%	Comparable with other practices

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

Carers	Narrative
Number of carers	The practice had recorded 208 patients as carers, which was approximately 3% of the practice population. The practice had undertaken a review to ensure all patients coded as carers were appropriate to be on the list.
Support offered for carers	The practice referred carers to the integrated care co-ordinator for further support and guidance.
Bereavement support	If a patient has a bereavement, the patients usual GP makes contact and offers support and referral to local services if this is required. The practice also

	offers an appointment.
--	------------------------

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
Explanation of any answers and additional evidence:	

Responsive

Rating: **Good**

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Appointments available:	
Monday	8.30am-6pm
Tuesday	8.30am-6pm
Wednesday	8.30am-6pm
Thursday	8.30am-6pm
Friday	8.30am-6pm
Extended hours appointments	The practice was part of a local initiative to provide some improved access appointments until 8pm daily and on Saturday and Sunday mornings. Early and late telephone appointments were also available.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6611	231	118	51.1%	1.78%

Indicator	Practice	CCG average	England average	England comparison
-----------	----------	-------------	-----------------	--------------------

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)	94.7%	96.6%	94.8%	Comparable with other practices

Any additional evidence or comments
 Patients were automatically redirected to the NHS out of hours 111 service if the practice was not open.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated care home visits every week for the six local care homes the practice supported.
- There was a medicines delivery service for housebound patients for dispensary patients.
- The practice was a Veteran Friendly practice.

Population groups - People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team, physiotherapists, occupational therapists and community matrons to discuss and manage the needs of patients with complex medical issues.

Population groups – Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Support was available for parents breastfeeding, and a private room was available if this was required.
- Six-week mother and baby checks were completed in a double appointment to reduce the need for more than one appointment. A midwife was available at the practice once per week to avoid travel for patients and for communication with clinicians within the practice.

Population groups – 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. For example, the practice was part of a local initiative to provide extended hours until 8pm on week days and on Saturday and Sunday mornings.
- Online booking and prescription services were available for patients to use.
- The practice encourages self-care and has a blood pressure machine and weighing scales for patients to use in the waiting area.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had set up alerts on the records of vulnerable patients to highlight any pertinent information to clinicians prior to appointments.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff were trained in dementia awareness and the practice was established as a 'dementia friendly' practice.
- The practice held monthly multidisciplinary team meetings which were usually attended by a mental health link worker.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to	71.2%	75.8%	70.3%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)				practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	61.0%	73.6%	68.6%	Comparable with other practices
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)	51.4%	71.0%	65.9%	Comparable with other practices
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)	67.8%	78.7%	74.4%	Comparable with other practices

Any additional evidence or comments
<p>The practice had fully reviewed the outcomes of the national GP patient survey and analysed their performance for accessing the service. An action plan had been developed and implemented as a result of this. Actions included:</p> <ul style="list-style-type: none"> • Reviewing the phone message to ensure communication was appropriate. • Recruiting more staff. • Informing patients about services on the flu leaflet and reviewing the website to ensure it was effective. • A review of the appointments system, including increasing GP appointments to 12 minutes so sessions do not over run.

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients reported that booking appointments in advance could be difficult but that they were able to get an appointment when they needed to.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice took complaints seriously and used them to drive improvement in the care provided by the practice. For example, the practice reviewed whether it was appropriate to leave answer phone messages for patients after a complaint regarding a lack of communication and decided against this due to confidentiality reasons. However, the practice explained this fully to the patient and arranged to individualise the patients care to provide home visits.</p>	

Well-led

Rating: **Good**

Leadership capacity and capability

Leaders 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 in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff reported that the leadership within the practice had improved due to a change in the management recently. Staff reported that the leaders within the practice were approachable and open to ideas for change.	

Vision and strategy

The practice had a clear vision and credible strategy to deliver 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 in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice vision was: 'We aim to provide patients with a friendly, efficient service with a high standard of care, and welcome ideas that will improve our service for our patients.'	

Culture

The practice had a culture of 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

The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Yes
Explanation of any answers and additional evidence: All staff we spoke with were happy working within the practice and many had worked there for several years. Staff reported team morale was high and the team worked well together.	

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

Source	Feedback
Staff survey	The practice had completed a staff feedback survey in August 2018. This included questions on what the practice did well, what could be improved, what teams did well, threats and opportunities in the practice and ideas for improvement. Feedback was positive with comments relating to good staff morale and a friendly place to work. Opportunities for change included more clinical rooms and appointments which was highlighted on the practice action plan.

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 in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	

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 in place which were regularly reviewed and improved.	Yes
There were processes in place 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:
 The new practice manager had completed a full risk assessment when starting within the practice. Actions from this included revising the recruitment and induction system, improving outcomes from the GP Patient Survey, improving access and improving the website.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

	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 include making statutory notifications understand what this entails.	Yes
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

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

Feedback from Patient Participation Group

Feedback
The patient participation group (PPG) reported that the practice were open with them and regularly shared improvements within the practice with them. The PPG had been involved in raising funds to change the front doors to the surgery and had participated in flu clinics. The PPG had also been involved in the implementation of screens in the waiting room and commented positively on the interactions they had with the practice.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

Staff reported that continuous development and innovation was important to the leadership team. For example, the practice had supported a nurse to complete a masters' degree. They had blocked out a day every other week for the nurse to study and also gave an extra five hours per week, as well as mentoring and access to any GPs for discussion.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, 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 comparable to other practices.

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).