

Care Quality Commission

Inspection Evidence Table

Ravenswood Medical Practice (1-557744042)

Inspection date: 9 January 2019

Date of data download: 18 December 2018

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Partial
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	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: Policies and procedures for safeguarding children and vulnerable adults were in place. Some of the guidance referenced in the policy was not the latest version, however referral information was up to date	

Safeguarding	Y/N/Partial
and staff we spoke with were aware of safeguarding processes. Staff gave examples of when safeguarding referrals had been made and how they had contributed to the safeguarding process. The practice advised they would update their policy and confirmed, following the inspection this was completed. Prior to our inspection, the practice had already identified that one receptionist had not completed safeguarding children and adults training and one nurse had not completed safeguarding adults training; time had been allocated for this training to be completed. The practice's policy was for all staff to have a Disclosure and Barring service (DBS) check and samples from records we viewed confirmed this.	

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 and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence: The practice maintained a list of registered staff and their registration number. This was checked at the start of their employment and on an ongoing basis and evidence of these checks was available. Where applicable, staff had medical indemnity insurance. The practice was in the process of setting up a new initiative working with other practices, and had considered medical indemnity insurance in relation to this.	

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: March 2018.	Y
There was a record of equipment calibration. Date of last calibration: December 2017 and February 2018.	Y
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: January 2019.	Y
There was a log of fire drills. Date of last drill: August 2018.	Y
There was a record of fire alarm checks. Date of last check: Internal check January 2019, external check December 2018.	Y
There was a record of fire training for staff.	Y

Date of last training: Various dates.	
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: Internal risk assessment October 2018, external risk assessment June 2014, with review November 2017 and December 2018.	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice had a plan of when safety checks were due and dates they had been booked. For example, two visits had been booked to undertake the calibration of equipment in February 2019 and fire training dates had been booked for February and March 2019. A fixed wiring test had been completed in January 2017 and it had been identified that this was due to be undertaken again in January 2022. A Legionella risk assessment had been completed in December 2016 and water temperature tests were completed and documented. Systems and processes were in place for the control of substances hazardous to health (COSHH). The practice had reviewed their external fire risk assessment with a fire officer and although there had been no changes to the building, they had decided as good practice to have another fire risk assessment completed. This had been booked for January 2019.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2018.	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2018.	Y
Explanation of any answers and additional evidence: A general risk assessment had been completed, which included the assessment of a range of health and safety risks. This included for example, fire safety, disposal of hazardous waste, environmental risk, lone working and moving and handling. Actions had been identified and acted upon to minimise risks. For example, reception staff were given headsets to use when they were taking and responding to telephone calls from patients.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: January 2019.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: Cleaning schedules were in place and cleaning was documented and audited. Systems were in place to escalate concerns regarding the cleaning and we saw that when these had been raised, they had been acted on.	

Infection prevention and control audits had been completed and action points had been identified. The most recent audit was completed in January 2019, so we viewed the September and February 2018 actions plans and actions identified had been completed. For example, the needlestick policy had been updated. Due to signs of wear, some of the flooring at the practice had been replaced from carpet to hard flooring; this was an ongoing programme of work, with further dates booked in January 2019. There were identified administration and clinical leads for infection prevention and control. Many of the actions were reminders for staff, for example, to ensure completion of infection control training. All staff had completed infection control training, except for one receptionist, who had time scheduled to complete this.

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
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	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
There was equipment available to enable assessment of patients with presumed sepsis or another clinical emergency.	Y
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.	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: Staff were multiskilled, so the practice could respond to levels of peak demand or staff sickness. For example, a range of staff members were trained to deal with incoming telephone calls from patients. There was a duty doctor available, who was based downstairs near to the reception area. This was so they were available quickly if necessary.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	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
<p>Explanation of any answers and additional evidence:</p> <p>Due to the planned closure of a local practice, the practice had a significant number of requests for new patient registrations. Through discussion with the Clinical Commissioning Group and NHS England, they had agreed to limit the number and register 15 to 20 new patients per week, to enable them to manage the associated workload. There was an effective process in place for two week wait referrals for suspected cancer. The process for non-urgent referrals had been reviewed, as there had been some delays, which had been raised as significant events. These delays had occurred at times of peak workload and additional resource was now available during these times.</p>	

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.96	0.99	0.94	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). (01/10/2017 to 30/09/2018) (NHSBSA)	14.2%	11.2%	8.7%	Variation (negative)
Medicines management				Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.				Y

Indicator	Practice	CCG average	England average	England comparison
Blank prescriptions were kept securely and their use monitored in line with national guidance.				Y
Staff had the appropriate authorisations in place 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 in place 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 in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.				N/A
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
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
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.				Y
There was medical oxygen and a defibrillator on site and systems were in place 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice's prescribing for co-amoxiclav, cephalosporins and quinolones was above the CCG and England averages. The practice was aware of this and were engaged with the Clinical Commissioning (CCG) Group in relation to this work. Prescribing guidance had been reissued to clinicians. Patients prescribed these medicines had been reviewed. The CCG confirmed that they had no concerns about medicines management and the practice was fully engaged with the CCG medicines management technician.</p>				

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	48
Number of events that required action:	48
Explanation of any answers and additional evidence: Significant events were discussed at the fortnightly partners meetings and cascaded as appropriate to the management team and clinical meetings. Partners were contacted for urgent significant events, so that a decision could be made. Quarterly meetings were held where significant events were discussed and reviewed. Some of the significant events detailed when actions had been taken appropriately; which raised the importance of staff needing to continue to be vigilant in their work.	

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

Event	Specific action taken
Patient attended for vaccination, following invitation from child health team. Vaccination was not indicated as needed in the patient's record.	Clinician identified that vaccination was not needed at patient appointment. Child health team contacted, administrative error confirmed.
Urgent referrals were prioritised, which had resulted in non-urgent referral being delayed due to peak in workload.	Reviewed process to ensure that both urgent and non-urgent referrals were managed appropriately. Urgent referrals were still prioritised, whilst monitoring non-urgent referrals. If additional resource was needed to action non-urgent referrals, this was obtained.

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: Safety alerts were coordinated and monitored by the practice administrator. Alerts were emailed to staff. Alerts which related to clinical staff lead areas were initially reviewed by that clinician. The information technology lead undertook patient searches as appropriate to assist with this work.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place 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
<p>Explanation of any answers and additional evidence: Practice staff kept up to date with current evidence-based practice through engaging in training courses and educational updates. Clinical information was shared during weekly clinical meetings. Each long-term condition area had a lead clinician whose responsibilities included ensuring that care protocols were evidence based, in line with local and national guidance and that updates were communicated to colleagues as appropriate. The practice's prescribing for hypnotics was above the CCG and England averages. The practice was aware of this and were engaged with the Clinical Commissioning (CCG) Group in relation to this work.</p>	

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) (01/10/2017 to 30/09/2018) (NHSBSA)	1.18	0.68	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used an appropriate tool to identify older people who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. <p>Practice staff worked regularly with the community matron, who also attended the three monthly</p>

multidisciplinary team meetings.

- All visiting clinicians checked that medications were being used appropriately and that patients did not have unused or unwanted medication.
- Patients were encouraged to use monitored dosage systems for their medicines, where appropriate. (These have separate compartments for days of the week and/or times of the day.)

People with long-term conditions Population group rating: Good

Findings
<ul style="list-style-type: none"> • Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. This was undertaken on the month of the patient's birthday. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. • Staff who were responsible for reviews of patients with long term conditions had received specific training and had experience in these areas. • 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. • Patients with suspected hypertension were offered ambulatory blood pressure monitoring. • Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. • The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. • The practice overall Quality and Outcomes Framework (QOF) achievement for long term conditions including asthma, COPD, atrial fibrillation, diabetes and hypertension was in line with the Clinical Commissioning Group (CCG) and England averages. The overall exception reporting for atrial fibrillation, hypertension and COPD was in line with the CCG and England averages. • The practice ensured that if blood tests were required, these were completed prior to the appointment with the clinician.

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>	86.5%	82.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.9% (143)	11.8%	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>	77.8%	79.5%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.9% (62)	8.2%	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) (QOF)	78.4%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	12.5% (112)	13.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	74.2%	77.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (8)	7.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.3%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.4% (17)	11.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.3%	83.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.0% (42)	3.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	85.9%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.9% (23)	5.9%	6.7%	N/A

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) target percentage of 90%.
- Children who did not attend were proactively followed up by the practice, which had helped the high achievement.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation.
- The practice had changed the childhood immunisation appointment system approximately two years ago, from clinics on specific days, to appointments being available during any nurse clinic, to improve access.
- Young people could access services for sexual health and contraception.
- Nurse practitioners were trained and able to prescribe emergency contraception.
- 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.
- Dedicated appointments were available for six week postnatal mother and baby checks.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DtaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	184	189	97.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	179	189	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	178	189	94.2%	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)	181	189	95.8%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice had reviewed their childhood immunisation data in December 2018. They identified that language may be a barrier to access for some children and planned to provide information in other

languages.

Working age people (including those recently retired and students) Population group rating: Good

Findings

- The practice's uptake for cervical screening was 73%, which was in line with the CCG and England average, but below the 80% coverage target for the national screening programme. The practice was aware of this and had acted to improve the uptake.
- Evening appointments for cervical screening were available on Tuesdays from 6.30pm to 8.30pm.
- The practice called patients who had received an abnormal test result to discuss it with the patient.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- 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 had completed 331 health checks in the last 12 months.

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) (01/04/2016 to 31/03/2017) (Public Health England)	73.1%	73.8%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.0%	79.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.8%	61.1%	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)	77.1%	64.4%	71.3%	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)	55.0%	58.6%	51.9%	No statistical variation

Any additional evidence or comments

An external organisation had attended the practice in January 2017 to work with them to identify ways to improve the uptake of cervical screening. The practice raised awareness of cervical and breast screening on their website. They texted patients who had not attended for cervical screening and contacted them by telephone two weeks after this, to encourage attendance. The practice planned to support the Public Health England cervical screening campaign, which is due to be launched in March 2019.

People whose circumstances make

them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice held a register of patients living in vulnerable circumstances including those with substance misuse and those with a learning disability.
- The practice had 91 patients with a learning disability registered and had completed 61 health reviews in the previous 12 months. Four patients had an appointment booked, 13 were due to be recalled and 13 patients had been recalled but had not yet attended. The practice liaised with the learning disability nurse to review the coding of patient records and to improve engagement with these vulnerable patients.
- The practice worked with a drug and alcohol service and two GPs were trained in prescribing for substance misuse patients under their guidance.

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 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.
- The practice had a mental health link worker on site who was available at the practice for half a day every week.
- The practice overall QOF achievement for mental health was 100%, which was in line with the CCG average of 96% and above the England average of 94%. The overall exception reporting for mental health was in line with the CCG and England averages.
- The practice overall QOF achievement for dementia was 100%. The overall exception reporting for dementia was above the CCG and England averages. We reviewed the exception reporting and found it to be acceptable. The practice was aware of the exceptions, which were primarily due to patients who lived in a large care home and who had advanced dementia and were nearing the end of their lives.

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	93.5%	91.3%	89.5%	No statistical variation

months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	7.9% (8)	14.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.4%	92.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.9% (14)	12.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.8%	84.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	19.9% (30)	9.4%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.37	-	537.5
Overall QOF exception reporting (all domains)	5.0%	5.3%	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

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

A contraceptive implant audit had been undertaken in 2017, and had been re-audited in 2018. The number of documented written instructions recorded had reduced from 99% to 98% and the number of signed scanned consent forms had increased from 89% to 95%. The practice planned to review patients with missing consent documentation, following discussion with the appropriate clinician. They planned to review the prompt template for consent and to identify if any changes were needed and ensure clinical staff were aware of the need to use this. The audit was scheduled to be repeated in one year and to include patient satisfaction.

The practice completed an audit to ensure patients who had had a splenectomy (a surgical operation involving the removal of the spleen) were up to date with recommended vaccinations. The 2017 audit identified that 18 patients had undergone this procedure, but only one patient was up to date with their

vaccinations. In 2018, 16 patients had had a splenectomy, of whom 14 were up to date with their vaccinations. One patient had declined the vaccinations and the other patient has since been reviewed and their vaccinations are up to date. The practice planned to continue to complete monthly searches to identify new patients who have had a splenectomy, to offer recommended vaccinations including to patients who have declined and to re-audit in one year.

Effective staffing

The practice could 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. This 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 supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Explanation of any answers and additional evidence:

Training records of staff were kept centrally in department folders. The records we viewed showed that staff had been supported to attend training courses and study days to remain up to date and competent in their roles. An overview was available for training deemed both mandatory and recommended by the practice and was monitored by the practice manager. The practice was aware of, and had booked time for staff who had not completed training, which included one nurse who had not completed safeguarding adults training and one receptionist who had not completed infection control, safeguarding adults, safeguarding children and basic life support training. Basic life support training was undertaken at the practice annually and had been booked for February and March 2019.

All GPs completed a self-feedback and patient feedback review. We reviewed this report for two of the GPs at the practice. One was based on 26 patient responses and the other one on 22 patient responses. In response to the question would you recommend the doctor to family or friends, the combined score was 89%.

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
Explanation of any answers and additional evidence: Multidisciplinary team meetings were held on a three-monthly basis. We saw examples to demonstrate that practice staff worked closely with other professionals and organisations, for example, community matrons, district nurses, drug and alcohol services, mental health services and care homes.	

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
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, the flu vaccination campaign.	Y
Explanation of any answers and additional evidence: Information was available at the practice and on the practice's website, which signposted patients to health and well-being services. This included for example, a free service for people who used a wheelchair to be weighed and local park runs. The practice was a 'parkrun practice' and promoted health and wellbeing through free, organised physical activity walks, jogs or runs, volunteering and opportunities to socialise. The Patient Participation Group had a noticeboard in the front entrance which signposted and provided information on a range of health promotion services available for patients.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any	93.9%	95.6%	95.1%	No statistical variation

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)				
Exception rate (number of exceptions).	0.3% (12)	0.8%	0.8%	N/A

Consent to care and treatment

The practice could demonstrate that it 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
Explanation of any answers and additional evidence: Policies and procedures were available which included relevant information on consent and The Mental Capacity Act (2005). Written patient consent for minor surgical procedures was obtained and had been monitored for the previous four years.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>Explanation of any answers and additional evidence: Due to the planned closure of a local practice, the practice had recently registered patients of whom some were from the Bangladeshi community. Staff had discussed plans to improve baby immunisation information so that it was available in other languages, applicable to their practice population. Posters promoting the National GP patient survey were available in a range of different languages and the practice had decided to display these in rotation.</p>	

CQC comments cards	
Total comments cards received.	6
Number of CQC comments received which were positive about the service.	6
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
Patient interviews.	Patients reported being treated with kindness, that all staff were caring and they were treated with privacy and dignity.
Feedback from CQC comment cards.	Patients reported staff were pleasant, friendly and professional and they provided a great service.
Thankyou/compliment cards and letters received by the practice.	Numerous cards and correspondence had been received which thanked a range of practice staff for their help, support and care and expressed satisfaction with the excellent service provided by staff at the practice.

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	Surveys sent out	Surveys returned	Survey Response	% of practice
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population size			rate%	population
15261	259	117	45.2%	0.77%

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)	89.6%	89.3%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	86.7%	87.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.5%	95.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	79.8%	85.8%	83.8%	No statistical variation

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

Any additional evidence	
Friends and Family data.	The practice had reviewed this data from November 2017 to November 2018. 72 patients were likely or extremely likely to recommend the practice; six were neither likely or unlikely; 13 were unlikely or extremely unlikely to recommend the practice and one person was unsure. The practice had reviewed suggestions for improvement. For example, appointments being sent to patients with their annual review invitation letter, however, this had since been stopped, due to patients not attending their appointment.
Comments on Healthwatch Suffolk website.	The practice had the Healthwatch Suffolk widget on their website, to obtain feedback on the service they provided. Healthwatch Suffolk published a report in April 2018, which collated responses between February 2017 and February 2018. From 12 comments, 50% were positive, 8% neutral and 42% negative. At this time, they had a three and a half out of five star rating. A further 18 comments had been received since March 2018, of which access to appointments was raised as an issue, although comments were positive about the care and treatment provided. At the time of the inspection, the practice had a four out of five star rating.

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: A range of information was available at the practice and on the practice's website which directed patients to further sources of information about a range of health conditions and national and local support groups.	

Source	Feedback
Interviews with patients.	Patients were involved in decisions about their care and treatment and any questions they had were explained fully to them.
Feedback from CQC Comments Cards.	There was good communication, helpful advice and they felt listened to.
Interviews with care home representatives.	Care home staff confirmed that patients were involved in decisions about their care and treatment. One representative advised that for patients nearing the end of their life, a meeting was arranged, which the patient, their family, care home staff and the GP attended.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	90.2%	93.9%	93.5%	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: There was an electronic check-in screen in the reception area that was available in five languages for patients to sign themselves in.	

Carers	Narrative
Percentage and number of carers identified.	The practice informed us they had 545 patients who were registered as carers. This was approximately 3.5% of their practice population.
How the practice supported carers.	A broad range of information was available on the practice's website for carers. Information in the practice directed patients to sources of support for carers, including information for young carers.
How the practice supported recently bereaved patients.	Practical information was available on the practice's website for patients who were bereaved. Patients were signposted to bereavement organisations.

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> <p>There was a privacy notice at the practice informing patient to advise a member of staff if they wanted to speak to them in private. A private room was always available, if this was requested. At the reception desk there was a line on the floor and two footprints, which indicated for patients to stand back from the desk whilst waiting.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	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
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: Clinical care practitioners and GPs undertook planned visits to a large care home twice a week. The practice provided extended hours appointments on Tuesdays and patient appointments were scheduled at times that were most convenient to patients where possible.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm and 6.30pm to 8.30pm (late evening for pre-booked appointments including family planning clinic appointments.)
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Patients could book evening and weekend appointments with a GP through Suffolk GP+. (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)	
Appointments available:	
Monday	8am to 6.20pm
Tuesday	8am to 8.15pm
Wednesday	8am to 6.20pm
Thursday	8am to 6.20pm
Friday	8am to 6.20pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population

15261	259	117	45.2%	0.77%
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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)	92.0%	95.3%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Flu vaccinations were given to patients who were housebound.
- District nurses were based at the practice and there was regular liaison between staff at the practice.
- Patient who lived in care homes were regularly reviewed.
- Patients who had a reported fall were reviewed and referred to the Frailty Assessment Base (FAB), where their needs were assessed, by or community services as necessary.
- An advisor from Age UK Suffolk was available in the practice every third Wednesday of the month.

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.
- Patients with multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- A diabetes specialist nurse held a clinic at the practice every month to support patients with diabetes who had more complex needs.
- Pre-booked appointments with practice nurses and health care assistants were available for patients with multiple long-term conditions.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- 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 and who missed hospital appointments. Records we looked at confirmed this.
- A family planning clinic was held every Tuesday evening, which was staffed by a GP and nurse.
- All parents or guardians calling with concerns about a child under the age of 18 received a telephone consultation and offered a same day appointment, when necessary.
- Midwives held a clinic at the practice four days of the week.
- The practice had recently recruited a paediatric trained nurse with experience in minor illness.

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.
- All patients had to contact the practice by telephone, and were then contacted by a GP for a telephone consultation. Patients could advise of their availability for a telephone consultation and if an appointment was needed, this was arranged at the patient's preference. Evening appointments were available on Tuesdays between 6.30pm and 8.30pm. Although forward appointments were not usual, they could be accommodated if necessary.
- Patients could book evening and weekend appointments with a GP through Suffolk GP+. (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.)
- A small number of pre-bookable telephone consultations could be booked online.
- Patients could order repeat medication and access their medical records online.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including people who misuse substances and those with a learning disability.
- Patients with sensory impairment were flagged on the clinical system to ensure appropriate care was offered at every intervention by all staff members.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, letters were sent with pictures and simple text and waiting times were minimised where possible.

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.
- One of the GPs had experience of memory clinics and used their knowledge, skills and experience in dementia assessment and diagnosis. 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 was aware of support groups within the area and signposted their patients to these accordingly.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The practice had good communication with the local dementia intensive support team and referred patients with complex needs as appropriate.
- Some staff had received dementia training in the last 12 months.

Timely access to the service

People could 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 necessary.	Y
Explanation of any answers and additional evidence:	
<p>The practice offered access to advice or a face to face consultation through the Dr First system. Patients contacted the practice by telephone, with calls placed in a queuing system and answered in turn by a minimum team of five receptionists. A brief reason for their call was taken and logged for a GP to arrange a telephone consultation. GPs reviewed the requests and initially contacted patients where the need may be more urgent. There was some flexibility in that patients could provide a convenient time for the GP to call back. GPs could order any investigations and book a face to face appointment when the results were available. Some patients' needs were resolved by telephone, whereas others were booked for a face to face consultation, with a GP or other clinician, or an extended hours appointment as appropriate and convenient. When allocated telephone consultations were booked, the telephone answering message was changed to advise patients that only urgent needs could be dealt with that day. Practice staff confirmed that patients with urgent needs would be accommodated, although patients with routine needs may be asked to call back if that day's appointment capacity had been reached. The practice advised that this system allowed them to offer patients and their carers 'on the day' access to clinical advice and flexibility of appointment time. Although forward appointments were not usual, they could be accommodated if necessary.</p> <p>The practice had worked to evolve the Dr First system, since it was initiated approximately five years ago. For example, through advanced reception training and increasing the number of reception staff taking telephone calls between peak times of 8am to 10am. Reception staff worked from 7.45am to ensure they were ready to answer telephone calls from 8am onwards. The practice was aware that some patients found it difficult to be held in a queue, although they advised that the queue did go down quickly and patients we spoke with confirmed this. The practice confirmed that the number of patients who did not attend for their practice appointment had reduced, which had generated a significant amount of GP and nurse time. In November 2012, 234 appointments were missed and in December 2012, 250 appointments were missed. In November 2018, 113 appointments were missed and in December 2018, 150 appointments were missed.</p>	

The practice's website had information about changes to the appointment system, the reasons for this, and how patients could work with the practice to further improve this system. For example, information about the role of the nurse practitioner and requesting appointments with them, where appropriate.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	54.5%	79.2%	70.3%	N/A
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)	61.9%	76.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	58.1%	71.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	75.1%	80.4%	74.4%	No statistical variation

Source	Feedback
Patient interviews.	Patients reported they had good access to care and treatment. They advised that the demand for patients calling the practice in the morning for a GP telephone consultation could be high, but the wait was not too long, and usually within five minutes.
Feedback from CQC comments cards.	Patients reported continuity of GP and that GPs were quick to call back to arrange an appointment.
Care home representatives.	Representatives reported that requests for urgent and non-urgent home visits were accommodated and at times to suit the needs of the patients.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	29
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
The practice recorded verbal complaints.	Y
Complaints were responded to in a compassionate, timely and open manner.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice complaints procedure was available on the practice's website. Appropriate information was included, however the contact details for the Parliamentary Health Service Ombudsman needed to be included. This information was included in the practice response letter to complainants. Complaints were discussed and reviewed at the fortnightly partners meeting and learning was shared with staff. The practice reviewed their complaints annually to identify trends.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Poor attitude of staff member.	Staff member spoken with in relation to complaint and reflection on supporting specific groups of patients.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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 in place, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>The practice had identified priorities for improvement, which included, enhanced GP access, widening the range of services available for patients, demonstrating effective care through The Quality and Outcomes Framework (QOF), engaging with medicines management to provide safe, cost effective prescribing policies, reducing unplanned admissions and to actively engage with the Patient Participation Group (PPG) to evaluate and improve the service. They worked towards these priorities. For example, the practice had recently recruited a paediatric trained nurse with experience in minor illness.</p> <p>The practice employed two clinical care practitioners who undertook home visits and twice weekly visits, working with a GP, to patients in a large care home. They worked collaboratively with a group of local practices, known as Ipswich Primary Care. Practices planned to share their clinical care practitioners to enable more efficient use of time, with a shared home visiting service. Funding had also been agreed for shared mental health nurses to improve mental health assessment and advice at the practices.</p> <p>The practice was a training practice and at the time of the inspection had one GP Registrar. GP Registrars are qualified doctors who are undertaking further training to become a GP. One of the previous GP Registrars was now a salaried GP at the practice. The practice was also recruiting for a GP partner or a salaried GP.</p>	

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 in place 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	Y

them.	
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<p>The vision of the practice was ‘to build on our traditions of providing high quality primary care services in a safe, effective and responsive way.’ Their objectives were to ‘put safety and quality at the heart of what we do, facilitate personal development of our team, work with our CCG and local practices to improve the health of our patients and the local population and to deliver best practice, encourage innovation and embrace change.’ The values of the practice were ‘our patients are our first priority, to treat our patients with dignity and respect, to act professionally and with integrity, to provide a supportive and fulfilling team environment and to serve our community.’</p> <p>There was no formal documented single strategy document, however strategy discussion occurred at fortnightly partners meetings which were documented.</p>	

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
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	
<p>The practice had an open door and no blame culture which encouraged staff to share ideas, concerns and expectations. They held several social events, for example, a Christmas meal, a BBQ and an annual quiz night. Photos from previous quiz nights were displayed in the staff room. One staff member led fundraising activities and the practice had raised £1,800 for MIND, a mental health charity.</p> <p>The practice acted to address identified work pressures linked to an increasingly older and frail patient population and increased numbers of patients with long term conditions. They stopped their clinical involvement in a local step down secondary care unit. This released two and a half days clinical time back to NHS care. There has been a financial cost to the partners, but clinical cover in the practice had improved with increased patient access and improved continuity of care.</p>	

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

Source	Feedback
Staff interviews.	Staff spoke positively about the leadership team, were supported, valued and listened to. Concerns could be raised and were responded to. GPs were easily available to discuss any clinical concerns.
GP Registrar.	Positive and enjoyable experience; helpful and accessible staff and a supportive and approachable trainer.

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.	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:	
<p>GPs had identified lead roles areas which included, for example, clinical governance, training, prescribing, sepsis and management support. They also had and identified an overall GP QOF lead and GP leads for specific clinical areas, which included for example, asthma, cancer, mental health, minor surgery and smoking cessation.</p> <p>The practice held weekly management meetings when the lead staff for clinical, administration, reception and management met to discuss and resolve practice issues. Weekly clinical education meetings to which all clinical and involved non-clinical staff were invited were also held. Quarterly meetings were held to discuss and review significant events and complaints were reviewed on an annual basis to identify trends. The nurse practitioners were allocated a 15 minute time slot every day to discuss cases with a GP, in addition to any immediate issues they needed to discuss.</p>	

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.	Y
There were processes in place 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.	N
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>The practice reviewed safety and efficiency, for example with the increased use of administration staff to safely take on some clinical tasks. Staff had received training in care navigation, although further practice focused training was planned. Dual screens were being purchased to enable care navigators to</p>	

work effectively. The practice wanted to ensure the service was set up properly.

There was effective management of a range of risks to the practice. Actions had been identified and acted upon if possible, and an action plan was in place to manage identified future risks, issues and performance. For example, dates for basic life support training had been booked for February and March and initiatives from collaborative working were listed. The practice had a notice board for general information for staff, which included a copy of the fire policy, significant events forms, the business continuity plan and the accident book. Staff had not received formal training in preparation for major incidents, however the business continuity plan was explained to all new staff at induction and updates were given to staff as appropriate.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making. The practice acted on appropriate and accurate information.

	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 entailed.	Y
Explanation of any answers and additional evidence:	
To improve performance, the information technology lead regularly provided individual GPs with lists of patients who needed specific health checks or interventions, for GPs to review and action appropriately. Policies were available on the practice's computer system and staff we spoke with could easily access them. We reviewed the policies for significant events, complaints, whistleblowing, infection control and safeguarding, which were all in date and reviewed appropriately, although some of the guidance referenced in the safeguarding policy was not the latest version. The practice advised they would update their policy and confirmed following the inspection, this had been completed.	

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
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
Explanation of any answers and additional evidence:	

Staff suggestions were listened to and acted on. For example, the back-reception area, where telephone calls were responded to, had been redesigned as it was cold during the winter months. One entrance had been blocked up and desks had been repositioned to enable improved heat distribution from the radiators.

The practice engaged with the Clinical Commissioning Group (CCG) and staff regularly attended CCG training and education events. One of the practice nurses was chair of the CCG practice nurse forum and worked closely on nursing workforce issues and training. They were also a member of the sustainability and transformation plan primary care workforce development steering group.

Practice staff met with staff from one of the care homes on a three-monthly basis. This was to review and update on any changes within the services which were appropriate to the ongoing arrangements for care and treatment.

The practice wrote a quarterly newsletter which was available in the practice and on the practice's website. This advised of updates at the practice, events that had been held or were planned and promoted health and wellbeing events services for patients.

Feedback from Patient Participation Group.

Feedback

The PPG had been established for approximately seven years and had ten members who met face to face, 10 times throughout 2018. The frequency was being reduced to bi-monthly for 2019. The practice manager always attended and a GP partner sometimes attended the meetings. They reported the practice was open to suggestions and listened to the views of patients. For example, reception staff all wore a uniform and had name badges, which had been a suggestion from the PPG. The PPG had a notice board in the entrance to the practice, which they maintained with useful information for patients. They had organised several educational events for patients and the public, which had been well attended. They had been supported by the practice to fundraise, for example by selling items in the entrance to the practice, and were planning to purchase a 24-hour electrocardiogram for the use of practice patients.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Staff reported that development was actively encouraged and training was available to them. The practice had trained staff so that they were multi skilled and able to support in other roles when this was needed for the effective management of the practice.	

Examples of continuous learning and improvement

The practice is a training practice for qualified doctors who were undertaking further training to become a GP and a teaching practice for medical students who are training to become doctors. The practice had

one GP trainer and another GP planned to become a GP trainer.

The system for ensuring that all checks were completed for new patient registrations had been improved; these were now reviewed by the lead receptionist to ensure that all the checks had been undertaken. The practice had supported two practice nurses to undertake the Warwick Diabetes course.

The practice supported the PPG in arranging educational sessions for patients.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

<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.