

Care Quality Commission

Inspection Evidence Table

Sudbury Primary Care Centre (1-2950102775)

Inspection date: 13 December 2018

Date of data download: 4 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.	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 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
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Explanation of any answers and additional evidence:

- At our previous inspection, we found the practice could not demonstrate that all staff had received safeguarding children training to a level relevant to their role. At this inspection, we saw evidence that all staff had been appropriately trained.
- We saw all staff had received safeguarding adult training and the practice's training schedule included preventing radicalisation and modern slavery.
- There was a safeguarding lead GP and a deputy lead GP.
- Safeguarding was a standing agenda item on the monthly clinical team meetings.

Recruitment systems	Y/N/Partial
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Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
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Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes*
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Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
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Staff who required medical indemnity insurance had it in place.	Yes
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Explanation of any answers and additional evidence:

At our previous inspection, we found the practice could not demonstrate a record of vaccinations in line with Public Health England (PHE) guidance. At this inspection we saw evidence that the practice had a record of the immunisation status of all its substantive and locum staff in line with guidance and had added this to their recruitment paperwork checklist.

Safety systems and records	Y/N/Partial
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There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 23.10.2018	Yes
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There was a record of equipment calibration. Date of last calibration: 23.10.2018	Yes
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Risk assessments were in place for any storage of hazardous substances for example, storage of chemicals.	Yes
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There was a fire procedure in place.	Yes
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There was a record of fire extinguisher checks. Date of last check: 01.05.2018	Yes
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There was a log of fire drills. Date of last drill: 06.11.2018	Yes
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There was a record of fire alarm checks. Date of last check: 12.12.2018	Yes
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There was a record of fire training for staff. Date of last training: 2018 (on-line variable dates for staff within the year)	Yes
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There were fire marshals in place.	Yes
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A fire risk assessment had been completed. Date of completion: 17.05.2017	Yes
Actions from fire risk assessment were identified and completed.	Yes
Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: December 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: December 2018	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • A Legionella risk assessment had been undertaken on 16.10.2017 and we saw evidence that monthly water temperature testing and flushing of water outlets identified as infrequently used was carried out. • There was evidence that gas safety and electrical fixed installation reports had been undertaken. • We saw staff had received health and safety and manual handling training. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	26.09.18
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • In addition to the annual infection prevention and control (IPC) audit, the practice undertook monthly audits as part of its governance schedule. We saw evidence that correct handwashing techniques had been assessed by the IPC lead on 5 December 2018 which had resulted in some additional training for staff. • Handwashing and sharps injury posters were displayed in clinical rooms. • Spillage kits were available in the practice and staff we spoke with knew where they were located. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes

Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis, or other clinical emergency.	Yes*
There were systems 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 practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Since our last inspection the practice had reviewed guidance for the management of sepsis and its ability to appropriately assess all patients, including children, with suspected sepsis. We saw that it had updated its emergency equipment to include a paediatric pulse oximeter (to measure the oxygen saturation of a patient's blood). • We saw there was a sepsis protocol and all clinicians had access to a sepsis toolkit. • We saw evidence that non-clinical staff had received sepsis awareness training. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.82	0.63	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)	15.9%	10.7%	8.7%	Variation (negative)
Explanation of any answers and additional evidence:				
<p>The practice was aware that the prescribing of co-amoxiclav, cephalosporins and quinolones was above local and national averages. The practice provided evidence from Brent CCG's prescribing team that the current data available included the prescribing undertaken as part of the GP hub previously delivered by the provider. The hub ceased at this location on 30 September 2018.</p>				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes*
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes

Medicines management	Y/N/Partial
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes*
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes*
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our previous inspection the practice could not demonstrate a system in place to monitor and track the use of controlled drug prescription pads. At this inspection we observed the practice had put a system in place to record serial numbers and staff had received training on the process of secure storage and monitoring of blank prescriptions. Staff we spoke with demonstrated an understanding of this process. The emergency medicine check list included rectal diazepam but this was not available on the day of the inspection. The practice told us that this was on order. Immediately after the inspection the practice sent evidence that this had been replaced and the expiry date updated on the emergency medicine check list. The practice had a large oxygen cylinder for use in a medical emergency which was free-standing and heavy and had not been considered as part of the health and safety risk assessment. After the inspection the practice sent evidence that this had been placed in a secure wheeled trolley to avoid risk of falling over and to enable safe transportation. Since April 2018, an in-house clinical pharmacist funded by the CCG Federation had been assigned to the practice 15 hours per week. The role included supporting medicine reviews, dealing with patient medication queries and audits. The practice told us the positive impact this had had on its medicine management system and processes. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes

Number of events recorded in last 12 months:	3
Number of events that required action:	3
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw that significant events were a standing agenda item at clinical governance and administration meetings. We saw evidence of minutes where significant events had been discussed including action taken, outcomes and learning. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect patient booked an appointment with similar name.	We saw evidence that it had been discussed in a clinical and a practice meeting to reiterate the process to check appropriate patient identifiers such as name, date of birth, address, telephone number.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice told us that alerts were received by the lead GPs and practice manager and were disseminated to all clinical staff. We saw evidence that recent alerts had been acted upon and discussed in clinical meetings, which were minuted. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice 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)	0.23	0.43	0.81	Significant Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks were offered to patients over 75 years of age. The practice had a number of patients residing in a nursing home and provided a weekly ward round to monitor health and wellbeing in conjunction with the nursing home team.

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. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Staff who were responsible for reviews of patients with long-term conditions had received specific training. GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with suspected hypertension were offered ambulatory blood pressure monitoring. Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	71.7%	76.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.1% (21)	11.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	69.8%	79.3%	77.7%	No statistical variation

Exception rate (number of exceptions).	3.6% (25)	8.1%	9.8%	N/A
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	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)	68.4%	78.5%	80.1%	Variation (negative)
Exception rate (number of exceptions).	6.3% (43)	8.9%	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)	94.7%	78.9%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	0.3% (1)	2.6%	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)	90.6%	93.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	13.5% (5)	9.5%	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)	79.8%	82.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.3% (15)	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)	83.1%	85.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.8% (6)	10.6%	6.7%	N/A

Any additional evidence or comments

The practice was aware that some indicators for diabetes were below local and national averages. The practice told us they had addressed this through a more coordinated recall system, had assigned the full-time practice nurse as lead for this cohort of patients and worked in conjunction with a Diabetic Specialist Nurse who held a monthly clinic on site to review complex diabetes patients.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were marginally below the World Health Organisation (WHO) target of 90% for three out of four indicators. The practice was aware of the data and had addressed this through a system of telephone and letter follow-up.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	112	128	87.5%	Below 90% minimum (variation negative)
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)	120	132	90.9%	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)	118	132	89.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	118	132	89.4%	Below 90% minimum (variation negative)

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	61.5%	63.6%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	66.4%	60.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	44.8%	42.7%	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)	82.4%	74.9%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	66.7%	51.8%	51.6%	No statistical variation

Any additional evidence or comments

The practice proactively encouraged ladies to attend for cervical screening with reminder notes and screening leaflets in their stated preferred language.

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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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 and provided access to health checks and referral to other health interventions.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.4%	88.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.1%	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)	89.2%	90.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (1)	5.8%	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)	95.2%	84.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (2)	4.1%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	510.1	535.9	537.5
Overall QOF exception reporting (all domains)	3.8%	5.8%	5.8%

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

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

The practice had a programme of quality improvement which included audits and searches, both clinical and non-clinical. The practice provided three two-cycle audits undertaken in the past 12 months as evidence. We saw that the practice had refined its process to safety-net its two-week-wait referrals as a result of a review of its systems.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes*
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Explanation of any answers and additional evidence:

At our previous inspection we found the practice did not maintain a record of training for its long-term locum GPs and practice nurses and did not include these staff in its annual appraisal programme. At this inspection, we saw that the practice now maintained a training schedule for all its staff which included frequency of training and update schedule. All staff, both substantive and locum, had received an annual appraisal.

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.6%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (4)	0.6%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: We saw evidence that staff had undertaken Mental Capacity Act (MCA) and consent training.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards

Total comments cards received.	16
Number of CQC comments received which were positive about the service.	14
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	2

Source	Feedback
Comments cards	Fourteen comment cards received contained positive feedback about the practice and indicated that staff were kind, helpful, caring and friendly. Two cards contained negative comments about getting an appointment and appointment punctuality.
Patient interviews	Patients said they felt listened to, respected and treated with dignity and respect.

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8921	396	112	28%	1.26%

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)	80.8%	85.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	77.8%	82.5%	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)	92.9%	93.1%	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)	70.6%	78.2%	83.8%	No statistical variation

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

Any additional evidence
<p>We saw that the practice had reviewed the results of its national GP survey results and discussed these and the areas where improvement could be made with its staff and Patient Participation Group (PPG). The practice had an active and engaged PPG who had undertaken an additional patient survey in September 2018 in collaboration with the practice to focus on the areas where improvement could be made and gather more patient feedback. We spoke with three members of the PPG who told us the outcome of 200 questionnaires received was currently being analysed and would be presented at the next PPG meeting.</p> <p>In addition, the practice actively sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period April to October 2018, based on 1,103 responses, showed that 82% of patients would be extremely likely or likely to recommend the service.</p>

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
CQC Comment Cards	Patients indicated they felt involved with their care and treatment and felt listened to.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	83.1%	89.8%	93.5%	Variation (negative)

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

Carers	Narrative
Percentage and number of carers identified.	<p>At our previous inspection, the practice had identified 30 patients as carers which was 0.3% of the practice list. At this inspection we saw that the practice had reviewed how patients with caring responsibilities were identified and recorded on the clinical system and we found that the practice had now identified 169 carers, which was approximately 2% of the practice population.</p> <p>The practice told us they had achieved this by nominating a carers' champion, had updated registration paperwork to capture carers at the point of registration and through consultations, and made information for carers readily available in the practice and on its website.</p>

How the practice supported carers.	<ul style="list-style-type: none"> The practice offered flexible appointments, influenza vaccination and health checks for carers. Leaflets and signposting information to support services was available in the waiting room and on the practice website.
How the practice supported recently bereaved patients.	Patients were offered a GP consultation or home visit and signposted to local bereavement services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Computers were fitted with privacy screens. Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Extended hours appointments available:	
Monday	6.30pm to 8pm
Tuesday	6.30pm to 8pm
Wednesday	6.30am to 8pm
Saturday	9am to 1pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8921	396	112	28%	1.26%

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)	87.4%	91.4%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. There was a medicines delivery service for housebound patients coordinated with the local pharmacies and the in-house clinical pharmacist.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice 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

- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The health visitor attended a monthly meeting to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.

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 open until 8pm on Monday, Tuesday and Wednesday and Saturday from 9am to 1pm.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and 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 adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- All clinical staff had undertaken training in the Mental Capacity Act (MCA).

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: When a request for a home visit was received, reception staff took details of the request and added it to the clinical system. The duty doctor would call the patient or carer to determine whether a visit was necessary.	

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)	41.1%	66.9%	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)	52.6%	63.1%	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)	58.0%	64.9%	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)	66.6%	67.4%	74.4%	No statistical variation

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.	13
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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
Explanation of any answers and additional evidence:	
The practice had a complaints policy, which was accessible to staff, written in line with recognised guidance. The practice recorded and discussed verbal complaints and comments posted on NHS Choices. We observed that the practice investigated complaints in a timely manner and was a standing agenda item at its clinical and administration meetings. We saw minutes where outcomes and learning had been discussed.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Perceived rudeness of reception staff.	<ul style="list-style-type: none"> • Discussion in administration meeting. • Customer service training.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had been responsive to feedback from our previous inspection and had addressed all our findings. They told us there was a drive to continuously improve outcomes for patients. • The lead GPs and management team had an oversight of all clinical and non-clinical areas and were able to demonstrate the challenges they faced as well as the achievements. • The practice had nominated designated leads, for example safeguarding, infection prevention and control and complaints. 	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy 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 told us its mission was 'to deliver high quality clinical services to the community we serve.'	
At our previous inspection a recommendation was as made to formalise the practice strategy and supporting business plan. At this inspection we saw the practice had considered and formalised in a business plan its short and long-term strategy which included financial resilience, workload, workforce, premises and infrastructure.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence:	
Staff we spoke with told us they felt listened to and respected. They also told us there was an open culture at the practice.	

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

Source	Feedback
Staff interviews	Staff we spoke to told us they felt they were a good team that worked well together and were supported by management. They said the GPs and practice management team were approachable.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems 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:	
<ul style="list-style-type: none"> • There were practice-specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team. All staff we spoke with knew how to access the policies. • The practice held monthly clinical, multi-disciplinary team (MDT) and administration meetings which were minuted. Minutes we reviewed demonstrated that safeguarding, significant events and complaints had been discussed. 	

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
The practice demonstrated a pro-active team approach to the management and oversight of its Quality and Outcome Framework (QOF) achievement which included a monthly status report and a patient recall structure.	

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
The practice had a proactive and enthusiastic Patient Participation Group (PPG) who met quarterly. We spoke with three members on the day of the inspection who told us that they felt valued and included in the development of the practice and that the practice was responsive to feedback. We saw that PPG meetings were well structured, included representation from management and clinical staff, and discussed practice performance, patient survey results, and services and initiatives, for example the clinical pharmacist. The PPG had worked in collaboration with the practice to undertake an internal patient survey.

Any additional evidence
The practice actively sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period April to October 2018, based on 1,103 responses, showed that 82% of patients would be extremely likely or likely to recommend the service.

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement
<ul style="list-style-type: none">• The practice had addressed all the findings of the previous inspection and had put governance systems in place, for example monthly monitoring systems of training and QOF to drive continued improvements and patient outcomes.• The practice worked in collaboration with its PPG to gain patient feedback through patient surveys to identify and address areas where improvements could be made.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation 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.