Care Quality Commission

Inspection Evidence Table

The Saltscar Surgery (1-540777884)

Inspection date: 9 January 2019

Date of data download: 02 January 2019

Overall rating: add overall rating here

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

Safe Rating: Inadequate

Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	N
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).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems 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.	N
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:	

Safeguarding	Y/N/Partial
We were told that all clinicians had a Disclosure and Barring Service (DBS) check in place, with the exception of one nurse. Some DBS checks for other clinicians were not available to inspectors on the day as they were in the clinician's own possession, for example, at home. On 15 January 2019, following our inspection, we received confirmation that the DBS check for the nurse had been processed. The practice had decided not to DBS check its non-clinical staff but had not undertaken risk assessments for these staff.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence: Recruitment information was not entirely stored in one central place within the practice, which made some of the information inaccessible to inspectors. Some files contained no references or photographic identification. There was no application form or curriculum vitae stored within three of the five files.	

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: June 2018	Y
There was a record of equipment calibration. Date of last calibration: June 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: October 2018	Y
There was a log of fire drills. Date of last drill: not recorded	N
There was a record of fire alarm checks. Date of last check: 2 January 2019	Y
There was a record of fire training for staff. Date of last training: 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: August 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: No fire drill had been undertaken within the previous 12 months. Actions from fire risk assessment: Notices to be updated, notice to turn off heaters, fans, update smoke free building notices, fire evacuation test to be performed, feedback report – done 15.8.18 with report circulated to staff.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 09.08.18	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 09.08.18	Y
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: only a cleaning audit available	N
The practice had acted on any issues identified in infection prevention and control audits.	N/A
The arrangements for managing waste and clinical specimens kept people safe.	N

Explanation of any answers and additional evidence:

There was no staff member who had received any additional infection prevention and control (IPC) training. As such, there was no audit activity undertaken and no actions set in relation to IPC.

The significant events log detailed a report in September 2018 that sharps and injectables had been placed into the clinical waste bin, not the sharps bin as per the managing waste policy.

The significant events log detailed a report by the cleaning team that unsheathed needles were found on the floors of three different clinical rooms between December 2017 and January 2018.

The provider's response to these incidents in January 2018 was "to remind staff to take more care when disposing of sharps" In September 2018, after a further incident, the provider offered staff refresher training in disposal protocols. Inspectors did not see written evidence of what this training entailed or how many clinicians had attended.

We observed on inspection that there was visible dust in some of the clinical rooms.

Clinical curtains were only being changed 12-monthly, not on a minimum basis of six-monthly.

Risks to patients

There were gaps in 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 other clinical emergency.	Y
There were systems 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
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

Staff did not have 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.	Partial
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.	Partial
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

Explanation of any answers and additional evidence:

The provider told us they undertook medication reviews of patients on long term medications. However, when we reviewed the patients' records we saw that this had not been documented in around 40% of all patients who were eligible for a review in the previous 12 months. It was not clear to inspectors whether this was an issue with a lack of coding in the records – as patients had been seen by a GP about their condition.

Two separate significant events in the previous twelve months (September 2018 and December 2018) detailed a failure of the two-week-wait referral process (where a patient is referred to secondary care on an urgent basis because malignancy may be suspected). In addition to this in December 2018 there was a delay in referral to secondary care for a Rapid Specialist Opinion (RSO).

A daily checklist was introduced for the administration team, to try to increase the oversight of the electronic booking system, but this was not failsafe if the GP failed to initiate or complete the urgent referral.

Appropriate and safe use of medicines

The practice did not have 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)	1.15	1.19	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)	11.8%	9.9%	8.7%	No statistical variation

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

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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 to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Explanation of any answers and additional evidence:
Prescribing clerks at the practice monitored all prescription requests. Any acute prescription or repeat medication which needed re-authorising was sent to a GP, to review.

However, some requests which needed re-authorising, for example medicines for hypertension or thyroid problems, were being re-authorised by clerks (as part of a practice protocol) after checking that the patient has had a hypertension check and appropriate bloods done. The GPs themselves should have re-authorised these medicines, while considering any other medication the patient may be taking, and any potential interactions.

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:	45
Number of events that required action:	40
Explanation of any answers and additional evidence: Some events were recorded as positive learning points (five out of 45). The practice told us they discussed significant events regularly and in a timely way. However, we saw little evidence of root cause analysis or significant learning, which led to adverse events being repeated in some instances.	

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

Event	Specific action taken
A late home visit request was triaged and approved by a GP, but was not communicated to visiting on-call GP	Clinicians reminded of need to follow practice protocol about communicating home visits.
Needlestick injury to a carer during immunisation appointment.	Carer was not a patient at the practice. Needlestick injury policy was followed and there was no adverse outcome.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	N
Staff understood how to deal with alerts.	N
Explanation of any answers and additional evidence: Patient safety alerts, for example, from the Medicines and Healthcare Products Regulatory Agency were disseminated where managers felt this were appropriate. However, there was no system in place for the provider to assure themselves that searches or actions had been carried out and actions completed. We saw that staff could not always access a copy of the alert when or if it was needed.	

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.	N
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Partial
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: Appropriate pathways for referral were in place, but not always adhered to by clinicians.	

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)	1.17	1.10	0.81	No statistical variation

Older people Population group rating: Good

Findings
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 flu vaccine uptake rate for winter 2018/2019 indicated that the practice had vaccinated 80% of its target population by the end of December. The practice was one of the highest achieving for flu uptake, within the local CCG.

People with long-term conditions Population group rating: Good

Findings

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's diabetic trailblazer programme of screening and intervention had been recognised and praised by stakeholders, and used as an example of good practice.

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. This was done using new fingertip technology which the practice had been trained to use.

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)	77.3%	77.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.6% (13)	16.3%	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)	71.3%	76.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (25)	11.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	81.5%	79.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.9% (70)	16.4%	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)	76.1%	74.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.8% (35)	12.9%	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)	91.0%	87.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.6% (37)	16.3%	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)	85.7%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.7% (39)	4.8%	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)	96.4%	91.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.5% (8)	6.0%	6.7%	N/A

Families, children and young people Population group rating: good

Findings
Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
The practice had been recognised for its joint working arrangements with other agencies in respect of safeguarding. Some of the work done at the practice had been used for training events provided by the local safeguarding trainers.
Young people could access services for sexual health and contraception.
Cancer care champions within the practice had influenced, updated and improved the ways in which it promoted cervical screening to eligible women. The practice had achieved a screening rate of 85% (at a time when national screening rates were declining).

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)	96	99	97.0%	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)	79	79	100.0%	Met 95% WHO based target (significant variation positive)
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)	79	79	100.0%	Met 95% WHO based target (significant variation positive)
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)	78	79	98.7%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: good

Findings
The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. The practice had identified patients who would benefit from a non-cancer pain opioid dependency reduction programme. The practice worked closely with a local addictions organisation, and the community pharmacist to support the patient journey to achieve a successful outcome.

Cancer Indicators	Practice	CCG average	England average	England comparison

The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	78.8%	72.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) **(PHE)**	77.7%	71.7%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) **(PHE)**	55.1%	54.2%	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. (01/04/2017 to 31/03/2018) **(PHE)**	46.9%	63.0%	70.3%	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)	47.3%	50.3%	51.9%	No statistical variation

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 held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
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.
The practice reviewed young patients at local residential homes.
The practice held registers of patients with safeguarding vulnerabilities, for example; vulnerable, exploited, missing and trafficked (VEMT).

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.

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.

There was a GP with a special interest in dementia care.

There was a lithium care plan in place to ensure patients accessed blood monitored and were achieving the correct therapeutic dose range.

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)	91.8%	87.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	19.7% (12)	15.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.6%	90.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.5% (7)	11.8%	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)	84.1%	83.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.5% (3)	8.7%	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/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551.2	521.9	537.5
Overall QOF exception reporting (all domains)	4.6%	7.2%	5.8%

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

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

The practice identified patients with chronic kidney disease who had not yet been commenced on statin therapy. The aim by the practice was to achieve a statin uptake rate of 85%, in patients with kidney disease. By the end of the first audit cycle 74% of these patients had commenced statins. A further cycle of audit was undertaken which yielded a result of 86% statin uptake rate.

The practice identified patients on the Gold Standard Framework (GSF) register who should have had their resuscitation status assessed and recorded within the previous 12 months. The target standard for this was 80%. As a result of the first data collection, 13 patients out of 54 (24%) on the GSF register had their resuscitation status recorded. Improvements were made by the practice and the second cycle yielded a result of 27 out of 55 patients, a result of 49%.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical 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
Explanation of any answers and additional evidence:	

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.	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

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, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.6%	95.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (15)	0.7%	0.8%	N/A

Any additional evidence or comments

Consent to care and treatment

The practice always obtained / was unable to 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:	

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
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	Patients commented that they felt respected, listened to and well cared for.
CQC patient questionnaires	Patients told us their privacy and dignity was respected by staff. They were given options for their treatment and felt involved in their care.

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
8188	273	93	34.1%	1.14%

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)	95.0%	88.0%	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)	94.6%	87.4%	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)	98.9%	94.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	83.0%	83.5%	83.8%	No statistical variation

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

Any additional evidence
An Improving Practice Questionnaire was undertaken in March 2018 which assessed patient satisfaction in various areas of the services offered by the practice. Overall, 90% of responses were either good, very good or excellent, for the questions asked.

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

Source	Feedback
CQC interviews with patients.	Nine patients questioned by CQC told us they felt involved in decisions about their care and treatment. These patients also said they knew how to access services in the wider community.

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)	96.8%	92.2%	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:	

Carers	Narrative
Percentage and number of carers identified.	There were 170 carers on the carer's register, which equates to 2% of the practice patient list.
How the practice supported carers.	Carers were signposted to Carers Together support group, where appropriate. GPs assessed the wellbeing of carers when they brought patients to appointments.
How the practice supported recently bereaved patients.	This was followed up with a telephone call from a GP

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

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

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8.00am – 6.00pm
Tuesday	8.00am – 6.00pm
Wednesday	8.00am – 6.00pm
Thursday	8.00am – 6.00pm
Friday	8.00am – 6.00pm
Saturday	8.00am – 12.30pm (pre-booked appointments only)
Appointments available:	
Monday	8.30am - 5.30pm
Tuesday	8.30am - 5.30pm
Wednesday	8.30am - 5.30pm
Thursday	8.30am - 5.30pm
Friday	8.30am - 5.30pm
Saturday	8.00am – 12.00pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8188	273	93	34.1%	1.14%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.6%	93.9%	94.8%	No statistical variation

Older people — Population group rating: good

Findings

The practice provided temporary resident care to patients staying in a local dementia rehabilitation unit (from outside the area) and developed an enhanced service agreement to improve care for those patients.

The practice supplied hearing aid batteries to patients to minimise the need for them to travel to the local hospitals.

People with long-term conditions — Population group rating: good

Findings

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 missed appointments. Records we looked at confirmed this.

All parents or guardians calling with concerns about a child under 12 years were offered a same day appointment when necessary.

The practice worked closely with the Patient Advisory Service within the practice. Around 500 patients had engaged in training, voluntary work, seeking paid work, and/or work search activity since the scheme began.

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

Findings

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was open on Saturday mornings, every week, for pre-booked appointments with nurses and GPs.

Vanguard data demonstrated that the practice had better access and lower 'did not attend' rates than the local CCG average.

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. The practice had built a good relationship with a nearby learning disability care home. All of its patients were registered with The Saltscar Surgery and the practice demonstrated it understood the needs of this population.

People experiencing poor mental health (including people with dementia)

Population group rating: good

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	87.9%	n/a	70.3%	-
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)	55.1%	67.3%	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)	57.4%	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)	62.2%	74.0%	74.4%	No statistical variation

Source	Feedback
CQC patient questions	Nearly all the patients we questioned were satisfied with access to the service. Some patients disliked waiting two to three weeks for a routine appointment, but all agreed that they could access urgent appointments when they needed them.

Listening and learning from concerns and complaints

Complaints were listened and responded to but not always used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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.	N
Explanation of any answers and additional evidence: Complaint response letters from the practice to did not signpost the complainant to the Parliamentary and Health Service Ombudsman (PHSO), although we were told that a PHSO leaflet was included in the envelope. Letters to complainants did not always demonstrate full explanations, outcomes, analysis or shared learning.	

Example(s) of learning from complaints.

Complaint	Specific action taken
GP failed to undertake a care home visit to see an elderly patient.	Patient was visited the following day. Verbal apology offered.
Patient unhappy at being advised to buy an interim supply of medication over the counter (and subsequent staff attitude about the issue).	Apology letter sent, explaining practice's reasons for the decision.

Well-led Rating: good

Leadership capacity and capability

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, including a succession plan.	N

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

The practice culture mostly supported 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.	Partial
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Partial
Explanation of any answers and additional evidence: There was no significant events policy in place, on the day of our inspection. Significant events were being recorded, however, they lacked analysis and shared learning and in some cases the actions taken were not sufficient to prevent a repeat event happening. There was a whistleblowing policy, but records indicated this had not been reviewed or updated since 2015.	

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

Source	Feedback
CQC staff questions	Staff told us they were very proud of the team working culture at the practice. Some told us it was the best place they had worked. There was strong staff retention and a low turnover of staff.

Governance arrangements

The overall governance arrangements were not effective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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: There was a major incident plan but it was undated, had no version control and it was unclear when it had last been reviewed.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: Not all risks within the practice were identified, managed and mitigated effectively (for example, safety alerts, infection prevention and control (IPC), medication reviews)	

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

Feedback from Patient Participation Group.

Feedback

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice had received recognition for its work on end of life care, diabetes and cancer screening. The practice had a good awareness of safeguarding, closely liaising with external agencies to increase the protection of vulnerable adults and children. Evaluation of this work demonstrated positive outcomes for vulnerable patients.	

Examples of continuous learning and improvement
The practice had engaged in a Diabetic Trailblazer project and had become the top achieving practice in the whole of Tees, for this work in diabetes prevention.

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data

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.