

# Care Quality Commission

## Inspection Evidence Table

### The Hoxton Surgery (1-545808087)

Inspection date: 11 December 2018

Date of data download: 11 December 2018

## Overall rating: add overall rating here

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
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems 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

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>• All staff had received up-to-date safeguarding adult and children training appropriate to their roles.</li> <li>• A GP partner was the safeguarding lead.</li> <li>• We spoke to a range of clinical and non-clinical staff; all staff were aware of how to identify and report safeguarding concerns.</li> <li>• Safeguarding was a standing agenda item on the monthly clinical team meetings.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We reviewed two clinical and two non-clinical staff files.</li> <li>• Appropriate pre-employment checks had taken place. For example, we saw that each staff file had a full record of employment history, references, DBS certificates, proof of identity and qualifications.</li> <li>• We saw evidence of medical indemnity insurance and valid registration with professional bodies for staff that required it.</li> <li>• The staff files we checked all had evidence of up to date staff vaccinations status.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: April 2018	Yes
There was a record of equipment calibration. Date of last calibration: October 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: November 2018	Yes
There was a log of fire drills. Date of last drill: July 2018 (conducted every six months)	Yes
There was a record of fire alarm checks. Date of last check: Conducted weekly	Yes
There was a record of fire training for staff. Date of last training: November 2018 (on-line variable dates for staff within the year)	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: November 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment:	Yes (but see comments below)
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes (but see comments below)
Explanation of any answers and additional evidence:	
<p>On the day of the inspection we were presented with information which suggested that a partial health and safety and premises/security risk assessment had been carried out by the practice. However, we were not satisfied this was adequate evidence of a full health and safety risk assessment.</p> <p>Two days after the inspection, the practice provided us with confirming evidence that a new risk assessment had been carried out, which identified areas for improvement along with an action plan. For example, it identified that a pedal bin in the staff toilet had been broken and the assistance bell within the disabled toilet was not working. We were told by the provider that both these pieces of equipment had</p>	

been replaced immediately.

The provider also told us that it had implemented a new policy to carry out a health and safety and premises/security risk assessments monthly.

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	November 2018
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"> <li>• There was an appropriate infection prevention and control policy in place.</li> <li>• The practice carried out monthly infection prevention control audits.</li> <li>• We saw that the most recent infection control audit had been undertaken by the practice nurse who was the infection control lead.</li> <li>• Disposable curtains were in use and were changed every six months.</li> <li>• A Legionella risk assessment had been undertaken in January 2018, and we saw evidence that the practice's landlord was carrying out weekly water temperature checks as recommended by the risk assessment.</li> <li>• We saw cleaning was carried out in accordance with written schedules and logs were maintained.</li> <li>• On the day of the inspection, sharps injury policy and posters were not displayed in clinical rooms. However, immediately after the inspection the practice provided us with confirming evidence that these were now on display in every treatment room.</li> </ul>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	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	Yes

and the location of emergency equipment.	
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 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"> <li>• We saw there was a sepsis protocol and clinicians had access to the necessary clinical equipment to help manage patients with presumed sepsis.</li> <li>• We saw evidence that non-clinical staff had received sepsis awareness training and that sepsis awareness posters were displayed in all treatment rooms and in the reception area.</li> </ul>	

### Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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) <small>NHS Business Service Authority - NHSBSA</small>	0.41	0.64	0.94	Significant Variation (positive)
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) <small>(NHSBSA)</small>	4.7%	8.3%	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations 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 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
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	Yes

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.	Yes
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.	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 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"> <li>Care for patients prescribed with high risk medicines (for example, warfarin, methotrexate and lithium) was provided jointly with local hospitals. We reviewed care records for eight patients who were prescribed with high risk medicine. We found the records were of a good standard and there was evidence of appropriate monitoring and clinical reviews.</li> <li>Published data showed that the practice's antibacterial prescribing was lower than the CCG and England averages. We were told the practice had the second lowest antibacterial prescribing rate within the CCG.</li> <li>The in-house pharmacists supported the practice with general medicines management, dealing with patient medication queries and prescribing audits. We were told the pharmacists were particularly tasked with managing medicines for patients with long-term conditions such as Asthma and Chronic obstructive pulmonary disease (COPD).</li> </ul>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	7

Number of events that required action:	7
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Staff were aware of the processes and systems in place to deal with significant events.</li> <li>• Staff told us when things went wrong at the practice there was a culture of openness and support.</li> <li>• We saw significant events were a standing agenda item at staff meetings and all staff were invited to attend meetings when significant events were discussed.</li> </ul>	

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

Event	Specific action taken
Flood in staff kitchen which led to a temporary power outage.	The practice told us that overnight a water dispenser had leaked which led to a power outage to some parts of the building. The vaccine fridge was affected by this and had been without power causing the fridge temperature to exceed 20 Degrees Celsius (recommended temperature to store vaccines is 2-8 Degrees Celsius). The practice told us they had called the vaccine manufacturer for advice and were told to discard all the vaccines, which the practice consequently did.
Needlestick injury	A GP administered a vaccine to a patient, re-sheathed the needle and handed it to a second GP. The needle had pierced through the sheath and scratched the second GP on the finger. The second GP attended occupational health and undertook the advised treatment. As a result of this incident the practice re-iterated to all staff the needlestick policy which stated that once a vaccine had been administered it must be discarded immediately and not re-sheathed.

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:	
Alerts were received electronically and disseminated by the practice management to all staff. All alerts were recorded on a register, which detailed the alert and the action taken. Staff gave examples of recent alerts they had actioned which had been recorded appropriately. For example, we saw a recent drug alert was recorded in respect of prescribing sodium valproate to pregnant women. This is a medicine used primarily to treat epilepsy and bipolar disorder and to prevent migraine headaches, but which exposes children in the womb to a high risk of serious developmental disorders and/or congenital malformations. A patient record search was carried out and appropriate action was taken with patients to discuss the risks associated with taking this medication whilst pregnant.	

## 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
There were 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) <small>(NHSBSA)</small>	0.47	0.65	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- All patients over the age of 75 were offered regular health checks.
- All patients over the age of 65 were offered an influenza vaccine. The practice told us that during the 2017 influenza season the practice administered the influenza vaccine to 75% of its patients over the age of 65.
- 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 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.
- The practice had monthly meetings with the community district nurse team and matron to discuss

housebound patients, patients on their care list and frequent A&E attenders.

- We were told that to ensure patients were being provided with the most effective care and treatment, a consultant Geriatrician would regularly review care plans for elderly patients at the practice.
- For complex cases which need immediate attention the practice had direct telephone access to a team of Geriatricians (a clinician who specialises in working with elderly patients).
- The practice provided a choice of appointments and home visits were also made available for housebound patients.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice held regular meetings with their in-house pharmacists to discuss and manage the needs of patients with complex medical issues.
- 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.
- We saw the practice educated its patients on how to manage and prevent long-term conditions; this was done during consultations and with the aid of health prevention and disease prevention leaflets.
- 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.
- Patients at risk of developing diabetes were signposted to local pre-diabetes services.

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)	83.1%	77.8%	78.8%	No statistical variation

Exception rate (number of exceptions).	17.7% (37)	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) <small>(QoF)</small>	90.4%	91.0%	77.7%	Variation (positive)
Exception rate (number of exceptions).	0.5% (1)	4.6%	9.8%	N/A
	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QoF)</small>	86.6%	85.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.5% (22)	9.3%	13.5%	N/A

<b>Other long-term conditions</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QoF)</small>	83.3%	83.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (3)	2.5%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QoF)</small>	94.7%	95.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.3% (1)	4.5%	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)	87.6%	89.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.6% (7)	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)	100.0%	96.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	31.6% (6)	14.5%	6.7%	N/A

#### Any additional evidence or comments

The QOF includes the concept of 'exception reporting' to ensure practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The practice had higher than average exception reporting rates for some of the above long-term indicators in comparison to local CCG and England averages. We reviewed these patients that had been exception reported and were satisfied they had been exception reported appropriately.

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates for children aged 1 were in line with the World Health Organisation (WHO) targets.
- Childhood immunisation uptake rates for children aged 2 were slightly below the World Health Organisation (WHO) targets. The practice was aware of this and told us it actively encouraged parents to bring in their children for childhood immunisations. We were provided with evidence demonstrating the practice telephoned and wrote letters to non-attenders. We also saw that clinicians offered immunisations opportunistically when patients attended the surgery for other matters. The practice also explained it had many patients from minority ethnic backgrounds who refused to attend for the immunisation due to cultural reasons.
- 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.

- All new patients under the age of 18 were invited to attend the practice for a health check.
- The practice sent invites to patients on their 16th birthday encouraging them to attend the practice for health checks and screening.
- Young people could access services for sexual health and contraception.
- The practice told us a local child psychology service attended clinical meetings for case reviews and care planning.

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)	49	54	90.7%	Met 90% minimum (no variation)
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)	53	63	84.1%	Below 90% minimum (variation negative)
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)	53	63	84.1%	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)	53	63	84.1%	Below 90% minimum (variation negative)

**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.

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)	61.3%	65.4%	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)	53.2%	53.6%	70.0%	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)	42.0%	43.2%	54.5%	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)	68.8%	71.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	58.3.2%	46.9%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice was aware it had not met the 80% national uptake target for cervical screening. The practice informed us it had experienced cultural barriers with some population groups who expressed reluctance to engage with the cervical screening programme. We saw the practice ran regular reports to identify patients who were due for cervical screening tests. These patients would be called by the practice inviting them for a cervical screening test; if the patient did not respond they would be given a further telephone call and sent reminder letters.

#### 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, travellers 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 they had a system to identify people who misused substances, and worked closely with local drug and alcohol misuse services to help this cohort of patients.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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. The practice used the local Memory Clinic for patients with memory concerns, for timely assessment and diagnosis, leading to a full management plan.
- All staff had received dementia training in the last 12 months. There was a lead for dementia awareness and the practice had access to an external dementia advisor, who attended the practice on a quarterly basis to discuss patients on the dementia register.
- The practice hosted a range of mental health clinicians and social workers who ran clinics to help manage patients experiencing poor mental health.

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)	91.7%	91.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	22.6% (7)	7.4%	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)	96.4%	91.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.7% (3)	5.4%	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)	100.0%	86.8%	83.0%	Variation (positive)
Exception rate (number of exceptions).	12.5% (1)	3.6%	6.6%	N/A
Any additional evidence or comments				
The practice had higher than average exception reporting rate in comparison to local CCG and England averages for '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'. We reviewed these patients that had been exception reported and were satisfied they had been exception reported appropriately.				

## 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)	556.7	544.1	537.5
Overall QOF exception reporting (all domains)	5.0%	5.5%	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

	Y/N/Partial
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years	Yes

The practice provided us evidence of the following two 2-cycle audits carried out in the past two years.

Unplanned hospital admissions

In 2017 the practice had identified 44 unplanned hospital admissions many of which were identified as cases that could have been dealt with by the practice within the primary care setting. The practice decided to tell its admin team to book patients in for more same day and short notice appointments with clinicians, encouraged its patients to see the in-house pharmacists for respiratory related problems, and letters were sent to patients who attended A&E frequently explaining their health needs could have been assessed by the practice's clinical team.

The practice carried out a second cycle audit in 2018 and noted the number of unplanned admissions had reduced to eight, and all eight cases were appropriate admissions to the hospital.

Ears, nose and throat (ENT) referrals

In 2016/2017 the practice identified it referred 81 patients to ENT. The practice was of the view this was a high referral rate, and as a result it had arranged with the local CCG an educational session which helped clinicians better understand which cases should be referred and which cases could be managed better within the primary care setting.

The practice carried out a second cycle audit for 2017/2018 and noted the ENT referrals had reduced to 61 referrals, which demonstrated the educational sessions had a positive impact.

**Any additional evidence or comments**

- In addition to the above, the practice had carried out 10 single cycle audits in the past two years to help assess, manage and improve patient outcomes. Some examples we viewed were; patients diagnosed with cancer; patients diagnosed with atrial fibrillation; antibiotic prescribing; cervical smear tests which were inadequate; and patients who had been referred to gastroenterology and dermatology. The audits assessed how many patients were within each audit area and whether they were receiving the right care and follow up treatment, in accordance with best practice guidelines.

## 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.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	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: <ul style="list-style-type: none"> <li>We saw evidence staff were up to date with role specific training. The practice told us they used a range of sources for training including on-line training, face to face and group training.</li> <li>The practice manager also showed us a training matrix that was used to keep a track of staff training.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	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
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## 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) <small>(QOF)</small>	96.2%	96.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (6)	0.5%	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: <ul style="list-style-type: none"> <li>Policies and protocols were in place to ensure there was a standardised approach to obtaining consent.</li> </ul>	

- Clinical staff demonstrated good knowledge of the Mental Capacity Act.
- We saw evidence clinical staff were competent in identifying consent issues and understood the general principles of Gillick competencies and Fraser guidelines.

## 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.	18
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comments cards	Patients commented that staff provide a helpful and friendly service and treated them with compassion, respect and kindness.
Patient Participation Group (PPG)	Members of the patient participation group told us they had always been treated with the highest level of kindness, respect and compassion.

## 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
7388	413	63	15.3%	0.85%

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)	88.6%	87.9%	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)	83.7%	85.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.8%	94.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	80.2%	83.0%	83.8%	No statistical variation

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

Any additional evidence
The practice had carried out an annual survey in 2018 which was completed by 128 patients. The survey asked 28 questions covering: appointment times, access to the service, waiting times, satisfaction with the care received and staff friendliness. The survey results were generally positive in all areas. For

example, 91% of patients rated the practice as overall good, very good or excellent; 87% stated clinicians showed them respect; 83% stated they were confident in the ability of their clinician and 74% were satisfied with practice opening times.

## 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
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	Patients told us they felt supported and were involved in decisions about care and treatment.
CQC Comment cards	Comments in general stated staff were always respectful and clinicians were caring and understanding.

## 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)	94.8%	91.4%	93.5%	No statistical variation

	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.	41 carers (0.57% of patient list).  The practice informed us it was pro-actively trying to increase the number of carers identified within its patient list. They had a carers poster in the reception area and also provided information on being a carer on their website. The practice asked all new patients to disclose if they were a carer.
How the practice supported carers.	The practice had a system that formally identified patients who were carers and written information was available for them signposting them to the various avenues of support. For example, a local carers organisation.  Patients who were carers were offered influenza vaccinations annually.
How the practice supported recently bereaved patients.	The practice told us they contacted recently bereaved patients and offered them an appointment with a GP.

## Privacy and dignity

### The practice respected always respect 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: The reception seating was away from the reception desk giving some privacy. We were told when a patient wished to discuss a matter in private, staff were aware they could take the patient to a private room for the discussion. Patients we spoke with and CQC comment cards stated their privacy and dignity was always respected.	

## 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

<b>Practice Opening Times</b>	
<b>Day</b>	<b>Time</b>
Opening times:	
Monday	8am-6.30pm (extended hours 6.30pm-8pm)
Tuesday	8am-6.30pm (extended hours 6.30pm-8pm)
Wednesday	8am-6.30pm (extended hours 6.30pm-8pm)
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am-6.30pm (extended hours 6.30pm-8pm)
Tuesday	8am-6.30pm (extended hours 6.30pm-8pm)
Wednesday	8am-6.30pm (extended hours 6.30pm-8pm)
Thursday	8am-6.30pm
Friday	8am-6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7388	413	63	15.3%	0.85%

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)	95.2%	93.4%	94.8%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a dedicated pharmacist who helped reduce polypharmacy (the prescribing of numerous medicines) for elderly patients.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice worked closely with local organisations which helped older patients be more independent at their homes.
- The practice worked closely with local organisations which helped prevent avoidable hospital admissions.
- In addition to clinical treatment, clinicians were aware of the benefits of social prescribing and had links to community groups and support networks. For example, we saw that elderly patients who stated they felt lonely had been prescribed to attend a local organisation where patients could meet and socialise with other people.

### People with long-term conditions

### Population group rating: Good

#### Findings

- 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.
- To assist patients with long-term conditions the practice hosted an in-house phlebotomy service.
- Patients at risk of developing diabetes were signposted to local pre-diabetes services.
- The practice hosted a diabetes clinic twice a week which was led by a specialist diabetes nurse and a dietician.
- The practice hosted a weekly respiratory clinic which was led by a pharmacist. This clinic was aimed at helping patients diagnosed with Asthma and COPD
- Patients on the Heart Failure register received multidisciplinary care with input from a visiting Heart Failure Nurse specialist.
- The practice nurse offered a service called 'time to talk'. This was a 30-minute session with the nurse where patients could discuss their long-term condition(s) and educate them on how they might take ownership of their care.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Additional nurse appointments were available until 8pm on a Wednesday for school age children so they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Personal congratulation letters were sent to all families with a new born baby, inviting parents to the weekly baby clinic, to ensure registration of the new baby and book the baby's 6-week check as well as the mother's post-natal check-up.
- The practice worked in partnership with midwives, including the public-health midwife, for high-risk mothers/pregnancies and held regular 'children and families' meetings with the GP Maternity & Child Lead.
- Local child psychology services (First Steps) attended clinical meetings for case reviews and care planning for more complex cases.
- A Family Action link worker provided a weekly in-house clinic offering support and counselling to disadvantaged and socially isolated families.

## **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 had reviewed its appointment system to give working age patients more access to its services. Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- For non-serious matters patients could also request an online consultation with a clinician.
- The practice was open until 8pm on a Monday, Tuesday and Friday.
- Pre-bookable appointments were also available to all patients at four local extended hours hubs commissioned by the CCG. Appointments could be booked every weekday between 4pm and 8pm and every weekend 8am to 8pm. One of the extended hours hubs was hosted at this practice from Monday-Saturday.
- The practice has an out-reach programme where it attends local student accommodations to encourage patients to register with the practice.

### 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, travellers 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 access to translation services and had identified that a high number of its patients had Turkish as their first language. As a result, the practice provided a Turkish advocate and translation service on Thursdays and Fridays for its Turkish speaking patients.
- The practice could book a professional British Sign Language interpreter for patients with visual impairments.
- The practice hosted a substance misuse clinic.

### 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.
- The practice invited all patients experiencing poor mental health for regular health reviews.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

- The practice told us the standard appointment times were not applicable to this cohort of patients as they were always given extra time during consultations.
- All prescription requests would be processed the same day for people experiencing poor mental health.
- Patients diagnosed with depression were actively followed up four weeks after their initial consultation.
- Regular multi-disciplinary team meetings were held with mental health care professionals from the local hospitals.
- The practice hosted a psychotherapy clinic twice a week and monthly clinic with a Consultant Psychiatrist from the local Mental Health trust.

### 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)	74.1%	N/A	70.3%	No statistical variation
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)	68.1%	72.6%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	69.3%	69.9%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				
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)	69.8%	74.8%	74.4%	No statistical variation

Source	Feedback
Patient Interviews	Patients commented they could get an appointment with a doctor or an alternative clinician when they needed one, usually on the same day or day after.

### 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.	10
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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: Complaints we reviewed had been handled in timely manner. We were told GP Partners investigated complaints related to clinical matters and the practice manager dealt with non-clinical matters. Duty of candour was demonstrated in the complaints we reviewed. We noted if there was any learning it would be shared amongst all staff, via staff meetings.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was sent to A&E by an extended hours hub GP. The patient returned to the	The practice investigated the matter and identified the hub GP forgot to save and send the consultation notes to the patient's

practice for a follow-up with their regular GP. The GP was unaware of why the patient had been asked to attend A&E.	regular GP. The practice shared this incident with the hub GP's and recommunicated the importance of double checking that their consultation notes had been saved on the computer database.
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## 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, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was a designated lead for each clinical and non-clinical area. For example, there were leads for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.</li> <li>• The practice held clinical and non-clinical meetings regularly. We saw all meetings were appropriately minuted and actions were logged, monitored and feedback was sought and noted.</li> <li>• We saw evidence of the management interacting with its staff and keeping them informed of changes and current issues via email and meetings.</li> </ul>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy 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 informed us their vision was:	
<ul style="list-style-type: none"> <li>• To continue being a medical practice committed to preserve and enhance its good reputation for being a caring and innovative practice.</li> <li>• Treat patients with respect and courtesy at all times.</li> <li>• Provide patients with advice and treatment in a timely manner.</li> <li>• Help patients make decisions about their health by treating patients as an equal.</li> <li>• Discuss what treatment is available and refer patients on to other experts where appropriate and necessary.</li> <li>• Act as a patient advocate and guide them through health and social services.</li> <li>• Maintain confidentiality in what is discussed and the records kept.</li> <li>• Keep up to date with developments in health care by continuing to learn.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	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:	
<ul style="list-style-type: none"> <li>• Staff told us the practice promoted continuous learning and encouraged staff to take on different roles and to become leads for different areas to help develop their careers.</li> <li>• Staff told us if they had any concerns they would raise them with management, with the confidence their concerns would be taken seriously and acted upon.</li> </ul>	

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

Source	Feedback
Staff interviews.	We spoke with several members of staff during the inspection. All stated they felt well supported and that they had access to the equipment, tools and training necessary to enable them to perform their roles well. We were told staff were given protected time to enable them to undertake training and carry out

	non-clinical duties. Staff reported there were good, effective working relationships between managers and staff and clinical and non-clinical staff.
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## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	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:	
The practice had a suite of 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.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes 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

## Examples of actions taken to address risks identified within the practice

Medical Emergencies	Staff had training in basic life support. Emergency medicines and equipment were in place, these were checked regularly and trained staff knew how to use them.
Significant events and complaints	Complaints and significant events we reviewed were appropriately acknowledged, investigated and responded to in a timely manner. Learning was shared amongst all staff members (minutes of meetings seen).
Infection prevention control	Staff had training in infection prevention and control, and the practice

	carried out annual infection prevention and control audits. The practice acted on any areas identified for improvement or rectification within the audits.
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### 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

### 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 an active Patient Participation Group (PPG) with 20 members. Practice performance, complaints, national and internal survey results would all be discussed at these meetings.
The group told us that it would meet with the practice management once every six weeks.

### Continuous improvement and innovation

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

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

## Examples of continuous learning and improvement

- The practice hired an IT specialist who regularly audited the care and clinical outcomes for patients. The management received regular reports from the IT specialist about the practice performance so that any areas for improvement could be addressed immediately.
- The practice had the second lowest rate of antibacterial prescribing within the CCG area.
- The practice had established good links with various external organisations and clinicians and hosted their services at the practice.

### 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. This indicator does not have a CCG average.

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

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

### Glossary of terms used in the data.

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