

Care Quality Commission

Inspection Evidence Table

Locking Hill Surgery (1-561930325)

Inspection date: 29 January 2019

Date of data download: 14 January 2019

Overall rating: Requires Improvement

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

Safe

Rating: Requires Improvement

Safety systems and processes

The practice had 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.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	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.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
Policies were stored on the practice's intranet system. When policies were implemented, the system prompted for a review date and would remind staff when the review was due.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
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

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: 29 January 2019	Y
There was a record of equipment calibration. Date of last calibration: 23 August 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: 9 April 2018	Y
There was a log of fire drills. Date of last drill: 4 December 2018	Y
There was a record of fire alarm checks. Date of last check: 23 January 2019	Y
There was a record of fire training for staff.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: May 2017	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The fire system was checked six monthly by an external contractor. This was last undertaken on 11 October 2018. Staff have completed fire training through e-learning at various dates throughout the year.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 18 January 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 18 January 2018	Y
Explanation of any answers and additional evidence: The practice had carried out an inspection of the premises and devised an action plan for repairs and maintenance.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were 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: July 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Partial
Explanation of any answers and additional evidence: Practice information was hand written on clinical waste bag however, this was not always clear. During the inspection, the practice told us they will be providing printed labels for clinical waste bag to ensure clinical waste can be traced back to its source.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
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: There was a system for the processing of urgent calls, however there was not a written protocol for reception staff of when to advise patients to call 999 in the case of a medical emergency. Not all staff	

had been given guidance on identifying acutely unwell patients or those who may deteriorate.

Information to deliver safe care and treatment

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

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

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>	0.78	0.90	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) <small>(NHSBSA)</small>	9.1%	9.4%	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.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	N
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	No Controlled Drugs were

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	held on the premises.
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	premises.
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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not have a medicine used to treat croup in children in stock. However, the practice told us after the inspection that this had been ordered. All other medicines held at the practice was in line with recommended guidance.</p> <p>There was not a formal process for the monitoring of patients prescribed medicines that required regular monitoring. There was a clinical pharmacist who supported the practice with recalling patients who were on high risk medicines where they were overdue a review or blood test by sending them a letter. They were also developing a system so that patients who required regular monitoring were followed up before they were issued a prescription for their medicines. We were told by the practice that high risk medicines were only issued in monthly prescriptions.</p> <p>The practice told us they had engaged pharmaceutical support from the clinical commissioning group (CCG) as well as funding a part time community pharmacist. The practice participated in the CCG's local prescribing improvement plan which covered a range of medicines management issues such as prescribing of medicines available over the counter, the number of medicines being prescribed and anti-biotics prescribing. The pharmacist worked closely with the practice's prescribing lead to improve medicines management. Since the inception of this way of working in September 2018, a range of actions had been identified including:</p> <ul style="list-style-type: none"> • Medicines management review of all patients on high risk medicines • Reviewing and updating repeat prescribing protocol and providing support to the team who handle repeat prescriptions at the practice. • Undertaking an audit of patients prescribed medicines to manage respiratory conditions such as asthma. 	

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:	29
Number of events that required action:	29

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

Event	Specific action taken
Record that a chaperone was offered and whether this had been declined had not been recorded in a patient's notes following an intimate examination	This was discussed at practice meetings where clinicians were reminded that they needed to offer patients a chaperone for intimate examination and that an entry needs to be made in the patient's record. Staff were reminded of the chaperone policy and the procedures. The practice also undertook an audit of patients who have had breast examination to identify the extent of which the policy had not been adhered to. The audit identified that 40 patients who had a breast examination for onward referral had not had, whether they were offered a chaperone or not, recorded in their notes. An action plan had been implemented and there were plans for the audit to be repeated in December 2019 to ensure this had improved.
The registration of a locum GP had lapsed.	The practice was informed by a locum GP that their registration had lapsed and the GP had undertaken a session at the practice during that time. The practice worked with the GP and the medical indemnity insurance to ensure they were covered during that session. A record of registration was set up on the practice's computer system with oversight from one of the management team. Locum files had been reviewed to ensure it contains all the necessary information and checks that needed to be carried out prior to a locum GP joining the practice.

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

Alerts were received through the practice's intranet system. These were then allocated to staff who needed to be aware and appropriate searches and audits would be undertaken. The Business Manager had oversight of alerts and monitored that actions were completed. However, we noted that some alerts had not been received by the practice for example, one relating to an update on sodium valproate. The practice started to investigate this during the inspection and found that the organisation that supplies the intranet system filtered safety alerts before being put on the computer system. The practice also undertook a check of all safety alerts that had been issued since implementing their intranet system to ensure all safety alerts were acted on. They had also signed up to receive safety alerts directly into the practice.

Effective

Rating: Requires Improvement

Effective needs assessment, care and treatment

Patients' needs were, 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.	Partial
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: Most patients with long term conditions were reviewed appropriately except for patients with hypertension and those with mental health.	

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>	1.40	0.91	0.81	No statistical variation
Explanation of any answers and additional evidence: We discussed the higher than average prescribing of hypnotic medicines with the practice. The practice told us this was being addressed by one of the GPs who recalled patients prescribed hypnotics for a review. They were also supported by a clinical commissioning group pharmacist to ensure prescribing was appropriate.				

Older people

Population group rating: Good

Findings

- 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.
- There was a lead GP for older patients identified as frail and a frailty nurse who undertook assessment and review of those patients. Care was coordinated with nursing home staff, community nurses and a pharmacist to ensure treatment for those patients was in line with current

guidelines.

- The practice held meetings with community nurses every two weeks to discuss patients who were frail and those receiving end of life care.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Requires Improvement

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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. However, we found that the recall for patients with hypertension was not effective as those patients had not always been monitored appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.8%	81.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	17.8% (100)	18.9%	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	82.9%	78.6%	77.7%	No statistical variation

to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	13.7% (77)	14.4%	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)	87.8%	80.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.5% (87)	17.8%	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)	71.8%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	13.0% (80)	8.8%	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)	82.6%	91.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	20.7% (54)	14.4%	11.5%	N/A

Explanation of any answers and additional evidence:
 We discussed the higher than average exception reporting and lower than average performance with the practice. Patients were sent three letters inviting them for a review. Records we reviewed showed patients had been excepted appropriately for example, where patients were on maximum tolerated therapy, unsuitable for review and those who had not attended a review.

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) <small>(QOF)</small>	79.4%	83.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.5% (51)	5.0%	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) <small>(QOF)</small>	94.6%	92.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.5% (12)	6.5%	6.7%	N/A

Any additional evidence or comments

We looked at the areas where the practice's performance was lower than local and national average for hypertension and found that there was not an effective recall system to monitor those patients. We reviewed the medical records for three patients and found that a note had been placed on the patient's record that they needed to be reviewed in one-months' time by October 2018. However, the patient had not received a review at the time of our inspection and had received repeat prescriptions for their hypertension medicines.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets in three out of four domains.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	81	88	92.0%	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)	79	87	90.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	78	87	89.7%	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)	79	87	90.8%	Met 90% minimum (no variation)

Any additional evidence or comments

There were systems in place to ensure children eligible for immunisation were followed up. The practice told us they offered the MMR vaccines to adults and their children following a measles outbreak.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book 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	77.9%	76.1%	71.7%	No statistical

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)				variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	71.8%	75.1%	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)	60.1%	61.5%	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)	82.2%	71.3%	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)	63.8%	53.9%	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, travellers and those with a learning disability.
- The practice had worked with the Gloucestershire Domestic Abuse Service (GDAS) to create a safe space for anyone wanting to report or discuss domestic abuse issues. A member of the reception staff led on linking with GDAS and promoting its services to patients and staff.
- 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 patients at local residential and nursing homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

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.

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) 2018/19	79.1%	93.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	27.8% (35)	17.6%	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)	79.4%	91.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	19.0% (24)	15.7%	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)	84.6%	87.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.6% (5)	7.3%	6.6%	N/A

Any additional evidence or comments

The practice was aware that their performance on Mental Health indicators were lower than average. The practice told us they use the standard recall system. They had considered recently whether a personal call from a GP would encourage patients to attend reviews, however, this had not been implemented yet. We found that care planning for patients with mental health was not fully developed and reviewed consistently.

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)	549.6	548.4	537.5
Overall QOF exception reporting (all domains)	5.7%	6.3%	5.8%

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

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

- The practice had undertaken clinical audits of patient taking a medicine for the treatment of gout every year between November 2011 and September 2017. This was to check patients who have been prescribed this medicine had their blood levels checked annually and if required, the dose of their medicine adjusted. Actions were implemented following each annual audit such as discussing the recommended guidelines with GPs at the practice to raise awareness and developing a system to ensure patients' bloods were monitored. Results from the audit showed improvements in the number of patients being monitored in line with recommended guidelines.
- An audit was carried in May 2017 to identify patients who had been prescribed vestibular sedatives (medicines used to reduce the overactivity of the balance organ and so reduce the dizziness and vomiting that can occur in inner ear problems.) to ensure those patients were not taking this medicine for long-term use. The first audit identified six patients who had been taking this type of medicine for longer than they should have. Patients were contacted and advised to discontinue this medicine. A further audit in January 2019 showed an improvement in the number of patients who had been prescribed these types of medicine on repeat prescription with only three patients being identified. One patient was contacted to discuss their condition and two patients had the medicine removed from their prescription.

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.	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

Coordinating care and treatment

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

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

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

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>	91.8%	94.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (9)	0.8%	0.8%	N/A

Consent to care and treatment

The practice obtained 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: We saw the practice recorded verbal consent for the fitting of implants and intrauterine devices, however, written consent was not recorded.	

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

CQC comments cards	
Total comments cards received.	41
Number of CQC comments received which were positive about the service.	32
Number of comments cards received which were mixed about the service.	9
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	All patients commented that staff at the practice treated them with dignity and respect. They felt they had received an excellent service from the practice. Out of the nine mixed comment cards, four related to having to wait for a long time to get an appointment with a named GP or routine appointments generally. One of the comment cards related to difficulties to getting through the practice by phone and one related to having to give information to reception staff about the nature of the appointment. One of the comment cards related to the waiting areas not being inviting. One patient commented that although the care and treatment they had received was good, they had problems with follow up treatment. Another patient commented that the attitude of a locum GP was dismissive.
NHS Friends and Family test	We reviewed the results from NHS friends and Family test for November 2018 and found that 87% of patients who responded were extremely likely to recommend their friends and family to this practice.

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9644	241	104	43.2%	1.08%

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)	93.3%	92.3%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	93.2%	91.4%	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)	96.9%	97.2%	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)	93.1%	88.6%	83.8%	No statistical variation

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: There is a dedicated area in the waiting room which gives patients information on the different avenues of support available to them.	

Source	Feedback
Interviews with patients.	We spoke with three patients during the inspection. All three patients were satisfied with the service they received from the practice. They all said there are sometime delays with getting either a routine appointment or with a named GP. However, they were able to get an appointment when their needs were urgent.

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)	98.4%	95.8%	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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 225 patients as carers. This represented approximately 2% of the practice's population.
How the practice supported carers.	Patients were signposted to a local organisation which offered support to patients who were also carers.
How the practice supported recently bereaved patients.	Families of patients who have recently died would be telephoned by the GP and where appropriate, a home visit would be undertaken. Patients would also be offered an appointment at a convenient time. Patients could also be referred to the local hospice for bereavement counselling.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Where a patient wanted to speak to a member of staff about a sensitive matter, reception staff would refer the patient to the reception manager or practice manager so they could speak with someone in a private room.</p> <p>One of the treatment rooms did not have curtains in place, however, the practice told us that intimate examinations were only carried out in rooms where curtains were available.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	7am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 8pm
Thursday	7am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	Between 7am and 6.30pm
Tuesday	Between 8am and 6.30pm
Wednesday	Between 8am and 8pm. Improved access appointments were also provided between 3pm and 8pm
Thursday	Between 7am and 6.30pm
Friday	Between 8am and 6.30pm. Improved access appointments were also provided between 10am and 2pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9644	241	104	43.2%	1.08%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	92.6%	95.9%	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.
- The practice had developed services for older patients who were also frail. They worked closely with nursing home staff and community teams to ensure the ongoing care and treatment of those patients.

People with long-term conditions

Population group rating: add rating

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- There was a diabetes nurse practitioner who was able initiate insulin treatment enabling patients to have treatment at the practice instead of secondary care.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Appointments were available outside of school hours so children could attend appointments without missing school.
- Midwife clinics were held at the practice so this was available to patients locally.

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 offered online appointments and patients could request repeat prescriptions online.
- The practice was open from 7am on Mondays and Thursdays and until 8pm on Wednesdays. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP locality cluster offering improved access appointments with a GP. The practice also hosted the improved access appointments on Wednesdays and Fridays.

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. For example, they offered longer appointments for patients who need this.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted the patients and their families to these accordingly.
- The practice had produced a handout for patients at risk of suicide and this was given to patients when they were referred to the Crisis Team.

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 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)	95.2%	N/A	70.3%	Variation (positive)
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)	74.4%	76.3%	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)	67.3%	70.1%	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)	80.2%	80.3%	74.4%	No statistical variation

Source	Feedback
For example, NHS Choices	We reviewed three comments on the NHS Choices website left by patients between April 2017 and August 2018. Two of those comments were highly positive about the practice and the service experienced. Both patients left a rating of five out of five stars for the practice. One patient commented that although the GPs and nurses are normally very good, they had not received a phone call from the practice when they most needed it and therefore had awarded the practice three out of five stars.

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.	17
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.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient felt that staff had poor attitude and that they were not offered the same treatment that they were offered in hospital	The practice manager and a GP met with the patient and gave the patient information on why the treatment they received from the hospital was different from what they would receive in General Practice. It was also explained to the patient the circumstances around her appointment and why she may have felt staff had poor attitude. The practice also spoke with staff around their attitude.
Patient's family complained that they felt their parent was neglected by the practice in the last couple of months of their life.	The practice investigated the complaint which included a review of the patient's record. The patient's family was invited for a meeting; however, they did not attend.
Patient complained that the practice had stopped offering ear irrigation.	The practice started offering this service again when it was recommissioned by the clinical commissioning group.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice recognised from previous Care Quality Commission inspections that improvements were required the overall management of the practice and relationship between leaders. Actions had been taken to make improvements with support from NHS England and The Royal College of General Practitioners Practice Support Programme. Leaders were keen for improvements to be sustainable to benefit the practice, staff and patients. They had employed a Business Manager in August 2018 to provide more scrutiny, commercial expertise and strategic planning. Leaders told us they were working with an external facilitator to develop relationship within the partnership. The practice was open to development ideas and understood their weaknesses.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy 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
Explanation of any answers and additional evidence: The Business Manager had oversight of the delivery of the practice's strategy. The practice's vision, values and strategy had been developed with input from all staff. These took account of local and national objectives taking into account the increasing needs of the local population.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a supportive culture, understood the pressures on services and took actions to improve staff wellbeing. For example, we saw through the practice's business plan that the increase in patients' needs had resulted in more pressure on reception and administrative staff. The practice in response had:</p> <ul style="list-style-type: none"> • Had recruited additional reception and administration staff. • Created a specialist team to process prescription requests in a quiet area. • Enrolled on a programme where staff would receive additional training so that they can signpost patients to the most appropriate care as part of the care navigation programme. 	

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

Source	Feedback
Staff questionnaire	Feedback from staff was positive about working at the practice. Staff said the recruitment of additional reception staff had helped with reducing pressures on the team. They felt proud to work at the practice. They felt they were listened to.

Governance arrangements

There were 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>While we identified risks in the Safe and Effective key questions, we saw leaders were aware of those risks and had plans to address these. However, at the time of our inspection, the practice's plan was not fully implemented and embedded. There were clear lines of responsibilities and accountabilities</p>	

identified in the practice's business plan and staff were clear on their roles. The Business Manager ran regular performance reports to understand demand on the service in order to plan services more effectively. Regular performance meetings were held with key members of staff.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
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.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Risks were understood and measures put in place to manage identified risks. For example, the practice had plans to implement a system where patients with complex needs who register with the practice were discussed at a meeting to ensure they were allocated to the appropriate GP. However, although leaders were aware of the risks to patients, their plan to address those risks were not fully implemented and embedded.</p>	

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.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was aware of the areas where their performance was lower than average and exception reporting were higher. They had considered ways to improve those areas, however, this had not been implemented at the time of our inspection.</p>	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: Following feedback from patients about magazines in the waiting area and the risks of infections, these had been removed. The practice had also provided chairs at the reception desk for patients with mobility issues.	

Feedback from Patient Participation Group.

Feedback
Feedback about the engagement with the patient participation group (PPG) and patients was positive. Practice representatives which included a GP and a member of the administration team met every two months. They told us the practice shared incidents and plans to resolve issues with them. They told us the practice listened to their suggestions and made improvements.

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 a programme of clinical audits which was used to drive improvements.	

Examples of continuous learning and improvement
The practice had re-structured their management team and developed key priorities so patient have better and safer experience at the practice and to promote high quality care.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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