

Care Quality Commission

Inspection Evidence Table

Park Grange Medical Centre (1-3627534894)

Inspection date: 4 April 2019

Date of data download: 25 March 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
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
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
The practice was working towards appropriate training levels to meet the newly introduced requirements of the 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff document': January 2019. The training protocol had been updated to reflect these changes and internal training was taking place. Additional external training had been identified. GPs were trained to level three safeguarding.	

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

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: 27/04/2018	Yes
There was a record of equipment calibration. Date of last calibration: 27/04/2018	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: 01/02/2019	Yes
There was a log of fire drills. Date of last drill: 28/03/2019	Yes
There was a record of fire alarm checks. Date of last check: 03/04/2019 (weekly)	Yes
There was a record of fire training for staff. Date of last training: ongoing	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 26/10/2017	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

A general practice matrix was in place to ensure that all environmental, health and safety and building maintenance checks were up to date and could be easily monitored. The matrix turned amber when checks were due. This comprehensive, detailed list of security measures included an ongoing review of fire, evacuation, infection prevention, risk assessments and contracts. We saw that all issues relating to the day to day management of a general practice had been considered and were being closely monitored by the practice manager.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: external 4/10/2017 internal review 4/10/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 4/10/2017	Yes
Explanation of any answers and additional evidence: Electrical installation certificate dated 15/01/2018 A legionella audit had been undertaken in March 2017 and regular flushing of outlets took place as advised.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not 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: External 23/08/2017. Internal 04/08/2018	Yes
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: A cold chain audit was undertaken on 29/09/2018. We saw that hard flooring had replaced carpets in the clinical rooms and new, wipeable chairs had been purchased for the reception area.	

Risks to patients

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

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

Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems 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

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
<p>Explanation of any answers and additional evidence:</p> <p>We found that the continued use of innovative templates and the manipulation of the IT systems at the practice helped to ensure that patients received safe and effective care. A number of templates which had been in place at our last inspection had been updated in line with guidelines and shared with the staff team during training sessions. The safe and innovative systems automatically pre-populated patient information, prompted clinicians to consider additional aspects of the persons care and ensured that patient needs were met.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.48	0.97	0.91	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). (01/01/2018 to 31/12/2018) (NHSBSA)	3.3%	4.2%	8.7%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	3.93	5.32	5.60	Tending towards variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	1.88	2.96	2.13	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

Medicines management	Y/N/Partial
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 and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Partial
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> <p>The practice did not have a defibrillator. However, an updated, comprehensive risk assessment was in place which had considered the risk to the patient population. The assessment detailed the practice's close proximity to the general hospital which had an emergency department.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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: SEA meetings were held as issues were identified. We saw evidence that all staff were invited to these meetings. Staff were able to discuss changes that had been made and shared learning opportunities. We saw that a template for paediatric antibiotic prescribing developed in response to a significant event which was in place at our May 2018 inspection had been reviewed and updated.	

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

Event	Specific action taken
Patient prescribed a regular medicine which may also have required a further medicine to alleviate symptoms.	An electronic protocol was developed which could identify all such patients and a 'pop up' prompt reminded the clinician to consider additional medicines.

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: We saw that in the case of one alert a link had been developed for the computer system to remind the clinician of the initial concerns. If the clinician looked to prescribe the medicine, the template would alert the clinician, link to the alert and also link to the relevant patient information leaflet. We saw that all alerts were documented on an action log which detailed the lead person for reviewing the alert and any action taken. Alerts were shared with the staff team.	

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, effective IT systems 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) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.39	0.71	0.79	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- 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. The CCG medicines team could be requested to offer reviews in the patient's own home if necessary.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. A designated matron was linked to the practice through the local community partnership.
- Health checks were offered to patients over 75 years of age.

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. A practice developed computer template helped to ensure that all tests and treatments were undertaken as necessary and also alerted the clinician to any additional opportunistic screening which would benefit the patient. For example, bowel, breast or cervical cancer screening.
- Prior to the commencement of Ramadan, the practice contacted all their diabetic patients and those who wished to observe a period of fasting had their medications proactively reviewed with a GP.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice participated in a number of local and national initiatives and through federation working, patients could access ultrasound scans at the practice, usually within two weeks.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The practice was using a hand-held device to screen patients for atrial fibrillation. It was noted that 191 patients had been screened opportunistically over a 12-month period.

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/ or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	68.5%	73.1%	78.8%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.8% (12)	11.0%	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>	78.0%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.1% (13)	7.5%	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) <small>(QOF)</small>	77.9%	76.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.7% (18)	7.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.6%	80.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.4% (1)	3.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.3%	89.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.2% (7)	10.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.2%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (10)	5.3%	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>	100.0%	87.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	14.3% (1)	12.0%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Overall childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. However, the percentage of children aged 2 who had received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C was slightly below the minimum target of 90%. Where parents failed to present their child for vaccination, the practice had a system in place to ensure that this was followed up and would liaise with health visitors when necessary. The GPs held joint clinics with midwifery colleagues to ensure that immunisations, post-natal reviews and eight-week baby checks were completed in as few appointments as possible.
- All children under the age of six with acute presentations were seen the same day.
- 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.

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) <small>(NHS England)</small>	45	47	95.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation	47	49	95.9%	Met 95% WHO based target

for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				(significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	44	49	89.8%	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)	46	49	93.9%	Met 90% minimum (no variation)

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 could attend the surgery at a time to suit them and use the self-assessment room, to check their blood pressure and weight.
- 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)	49.1%	61.2%	71.7%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	48.1%	55.2%	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)	24.2%	35.6%	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)	100.0%	73.9%	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)	50.0%	54.4%	51.9%	No statistical variation

Any additional evidence or comments

We saw that templates developed at the practice prompted clinicians to discuss screening with patients and we were told that this was opportunistically offered.

Patients who failed to attend for screening were contacted directly by the practice and young women who were due to attend for cervical screening for the first time, were also being proactively contacted before their 25th birthday.

CCG dashboard data provided by the practice showed that in March 2019 the percentage of women eligible for cervical cancer screening who were screened adequately within a specified period within 3.5 years for women aged 25 to 49 was 53% which was a slight improvement on the previous year.

Unverified data for 2018/2019 showed that 74.6% of patients had a cervical screening test performed in the last five years compared to the target percentage of 80%.

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. A newly developed palliative care template at the practice considered the immediate and ongoing needs of the person and could be viewed by multidisciplinary team members if appropriate. The template included personal wishes, a link to a referral template, anticipatory medicines and preferred place of care. This had been shared with the CCG.
- All staff had undertaken learning disability awareness training.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They were aware of a number of support organisations and voluntary agencies who could help support patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- The practice assessed and monitored annually the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected, there was an appropriate referral for diagnosis. Annual reviews of these patients were also conducted.

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)	96.9%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.5%	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)	96.9%	95.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.7%	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)	76.9%	83.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.7%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	542.9	528.5	537.5
Overall QOF exception reporting (all domains)	5.6%	7.1%	5.8%

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

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

The practice had undertaken a number of audits including an audit of preferred place of death. A recent antibiotic prescribing audit had been shared with peers via a national prescribing website.

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: A computer based, comprehensive training matrix which also included the dates of appraisals was in place which alerted the practice manager when any training was due.	

Coordinating care and treatment

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

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
Explanation of any answers and additional evidence: The practice was encouraging the use of an App to support diabetic patients. A self-assessment room was available for patients to monitor their own health including blood pressure and weight.	

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>	100.0%	96.5%	95.1%	Significant Variation (positive)
Exception rate (number of exceptions).	0.5% (3)	0.9%	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

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
Explanation of any answers and additional evidence: Patients in the waiting area were treated in a calm manner and with respect.	

CQC comments cards	
Total comments cards received.	25
Number of CQC comments received which were positive about the service.	25
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
Comment cards	Staff are caring at this surgery and it is the best, everything is done to a high standard.
Comment cards	Every time I am seen it feels personal and I am very happy with my overall care.

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3112	412	73	17.7%	2.35%

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)	82.9%	82.4%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	78.1%	79.1%	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)	91.9%	91.9%	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)	74.0%	72.6%	83.8%	No statistical variation

Any additional evidence or comments

In response to the GP patient survey the practice:

- ordered promotional material to encourage patients to participate in subsequent surveys.
- All staff were enrolled on customer care training and customer services courses.
- Appointment times and availability were reviewed with the patient participation group.

Question

Y/N

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

Yes

Any additional evidence

The practice conducted a patient survey in March 2018 and responded to the 2018 GP patient survey with an action plan in August 2018. Thirty-eight patients responded to the practice survey.

The practice survey showed:

- 92% of patients said the doctor was good, very good or excellent at listening to them.
- 100% of patients said the doctor was good, very good or excellent at treating them with care and concern.
- 94% of patients said they would describe their overall experience of the practice as good or very good.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with three patients on the day of inspection. Patients told us it was easy to get an appointment when one was needed, they would recommend the practice and were very happy with the services offered.

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	92.6%	87.0%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				

Any additional evidence or comments

The practice survey conducted in March 2018 showed that that 97% of patients said they were involved in decisions about their care.

	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
Explanation of any answers and additional evidence: We saw that a wide range of leaflets and information was available for patients.	

Carers	Narrative
Percentage and number of carers identified.	115 carers, which is equivalent to 3.6% of the practice population.
How the practice supported carers.	Information for carers was available in the reception area and carer support groups had been invited to self-care events which the practice had been involved in.
How the practice supported recently bereaved patients.	The GP would respond quickly, out of normal hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when a bereavement occurred. Audits were undertaken to review the care given to patients at the end of life. This showed where patients were on the palliative care register, a care plan was in place and the person had died in their preferred place of care.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	9am to 6pm (available throughout the day).
Tuesday	9am to 6pm
Wednesday	9am to 6pm
Thursday	9am to 6pm
Friday	9am to 7.45pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3112	412	73	17.7%	2.35%

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)	91.4%	90.6%	94.8%	No statistical variation

Any additional evidence or comments

The practice was a member of a federated healthcare group which offered extended access appointments at three 'hub' sites across the city. Appointments were available between 6.30pm and 9.30pm Monday to Friday and between 10am and 1pm on Saturday and Sunday. Patients could see a GP, nurse, physiotherapist, a mental health worker or a healthcare assistant.

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 acted on a cold weather alert and for a short period of time had allowed older people to request prescriptions over the telephone to prevent them needing to attend the surgery in icy weather.
- 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.

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. The practice reported that community partnership working had strengthened the links between teams and home visits could be requested.
- 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

- Additional nurse appointments were available through the extended access provisions until 9.30pm on weekdays and between 10am and 1pm on a weekend.
- 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 aged under six were offered a same day appointment.

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.
- Patients could book appointments and request prescriptions on-line.
- The practice was open until 7.45pm on a Friday. Pre-bookable appointments were also available on an evening to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm. Patients could see a GP, nurse, healthcare assistant or a physiotherapist.

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. Longer appointments were available when needed.
- Facilities at the practice were suitable for less able patients. A hearing loop was also available.

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 had a good working knowledge of what support was available and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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

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)	64.8%	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)	64.8%	57.7%	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)	56.3%	60.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	78.3%	66.2%	74.4%	No statistical variation

Any additional evidence or comments

The practice survey from March 2018 showed that:

- 98% of patients were satisfied with the how quickly they could access a GP.
- 98% of patients were satisfied with the opening hours of the practice.

Source	Feedback
For example, NHS Choices	Data taken from the NHS website in April 2019, showed that 90% of patients would recommend the practice to their family and friends.

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.	4
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: We saw that complaints were dealt with in a respectful and timely manner. All complaints that were received into the practice were reviewed by an external source to ensure the responses were appropriate.	

Example of learning from complaints.

Complaint	Specific action taken
Patient complaint regarding a member of staff whilst booking an appointment.	The practice ensured that staff attended customer care training and reminded staff in a meeting of the availability of extended access appointments.

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: Leaders at the practice had consistently responded to challenges in the delivery of care by developing safe systems and processes which supported good patient care.	

Vision and strategy

Leaders demonstrated that they had a clear vision and credible strategy, with the capacity and skills to provide and deliver 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: Regular meetings and meeting minutes evidenced that staff were included in the planning of services and that they understood their role. Feedback to stakeholders was provided on request.	

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

Source	Feedback
Staff interviews	On the day of inspection staff told us they were proud to work at the practice and felt supported by the management team who were visible and approachable. We were told of a supportive, family atmosphere.

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:	
Staff told us that training and development was supported and they were encouraged to develop in their roles.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	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
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of numerous, well managed systems which assured the practice that they were managing risk. For example, a general practice matrix was in place to ensure that all environmental, health and safety and building maintenance checks were up to date and could be easily monitored. We saw that policies and procedures were available to staff who were notified of any updates. Staff were aware of the incident plan.</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.	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
<p>Explanation of any answers and additional evidence:</p> <p>At the May 2018 inspection we saw that the practice had introduced a number of innovative templates and used the IT systems at the practice to ensure that patients received safe and effective care. At this inspection we saw additional work had been undertaken to review and improve the use of the computer systems in line with guidance or feedback. Staff training had taken place when new ways of working were introduced. Staff reported that the use of the templates within the IT system reduced error, ensured timely referrals to the right clinician the first time and that necessary investigations were completed. We saw a simple, one page, 'live' telephone directory document was available to staff. The template</p>	

contained numbers which were regularly required as well as up to date contacts for agencies such as the safeguarding team.

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
Explanation of any answers and additional evidence: The provider had shared a number of practice developed, computer templates with peers and stakeholders.	

Feedback from Patient Participation Group.

Feedback
We saw that regular meetings were held with the patient participation group who were consulted about changes to the practice and their views were respected.

Any additional evidence

The practice had completed a patient engagement annual report for the CCG which detailed changes that were made as a result of patient feedback. Changes were highlighted to patients through a 'you said we did' format.

The patient engagement lead had also worked with other practices to arrange attendance by themselves and other agencies at community self-care and health engagement events.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The registered manager was a board member with the CCG and the Chair of the local community partnership (a group of six practices which were working together). The practice was also participating in the development of the GP Assist Programme.	

Examples of continuous learning and improvement

The practice was participating in a new heart failure pilot project and was the only practice within the CCG currently to do so.

They were also working closely with community partnerships and the new developing primary care networks which aimed to introduce new pharmacist roles, social prescriber roles and the delivery into the future of extended access.

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.