

Care Quality Commission

Inspection Evidence Table

Chessel Practice (1-560978764)

Inspection date: 27 March 2019

Date of data download: 20 March 2019

Overall rating: add overall rating here

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

Safe

Rating: Good

Safety systems and processes

The practice had 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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence: One of the salaried GPs is the lead for safeguarding in the practice and holds the Safeguarding lead for the local Clinical Commissioning Group. This GP helps to deliver in house training for the practice.</p>	

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

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: July 2018	Y
There was a record of equipment calibration. Date of last calibration: 28 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: October 2018	Y
There was a log of fire drills. Date of last drill: 11 October 2018	Y
There was a record of fire alarm checks. Date of last check: 11 March 2019	Y
There was a record of fire training for staff. Date of last training: Fire safety training was completed on a rolling process by staff every two years. Records we inspected showed that all staff were within the two years.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 10 December 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 19 February 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 19 February 2019	Y
Explanation of any answers and additional evidence. A Legionella risk assessment was completed on 3 May 2018. All actions were completed. Temperature checks were being conducted and water temperatures at the boiler were increased to compensate for low checks. Certificates were seen for legionella awareness training.	

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: 31 January 2019	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.	Y
Explanation of any answers and additional evidence: Since the last inspection in February 2018 the practice had moved the cleaner's cupboard to a better location within the practice. They had also been in contact for advice with the Clinical Commissioning Group in February 2019 to ensure that the practice was following all guidance relating to infection prevention and control.	

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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

Staff 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
Explanation of any answers and additional evidence:	

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) <small>(NHS Business Service Authority - NHSBSA)</small>	0.85	0.79	0.91	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). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	9.8%	10.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules,	6.52	6.54	5.64	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>				
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) <small>(NHSBSA)</small>	2.41	2.25	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.	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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks 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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency	Y

Medicines management	Y/N/Partial
medicines/medical gases.	
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: The practice should make sure that a nurse on extended leave completes Patient Group Directives when returning to work. Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong and make 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:	16
Number of events that required action:	Eight
Explanation of any answers and additional evidence:	

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

Event	Specific action taken
A patient given flu vaccination twice.	Guidelines were checked regarding double dosing. There were no adverse effects. The patient was contacted and given advice and who to contact in the event of any concerns. All staff were reminded to check information being given in consultations to ensure patient or carer had given correct information.
A housebound INR patient missed a recall for further check. INR stands for International Normalised Ratio, also referred to as Prothrombin time (PT), and is a standardised measurement of the time it takes for blood to clot. It is used to	Staff went out the same morning to patient and did an INR check. Patients results were fine and there was no risk to patient. A new procedure was put in place to review overdue INR each week and a pathway put in place for patients on holiday to reduce risk or patient accepts risk and signed a disclaimer

monitor how well the blood-thinning medication (anticoagulant) warfarin is working to prevent blood clots.	
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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:	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	
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:	

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>	0.55	0.77	0.79	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans

and prescriptions were updated to reflect any extra or changed needs.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- Home visits were provided for housebound or unwell elderly patients, these were managed by the practice Advanced Nurse Practitioner. Routine and urgent on-the-day telephone appointments were available.
- Home Visiting Practitioner (HVP) undertook all annual reviews due to all housebound patients to ensure that they did not miss out on important health care needs.
- Housebound patients also had direct access to the HVP for any concerns or worries they may have. The HVP had telephone list for patients to be added to for a call back.
- The HVP links in with community services, such as District Nurses, Community Matrons and social services, coordinating bespoke care packages for elderly patients in need.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Nurse-led clinics addressed health checks and reviews for hypertension, diabetes, asthma, COPD. Further concerns were directed to the GPs.
- Referrals were made to community or secondary care services when required. These were processed in a timely manner and according to their urgency.
- Regular medication reviews were done for patients to ensure that their medications were working correctly for them. The practice had strategies to increase Electronic Prescribing and Repeat Dispensing.
- 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.

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>	61.3%	74.6%	78.8%	Variation (negative)
Exception rate (number of exceptions).	6.2% (41)	15.1%	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>	65.3%	76.6%	77.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.9% (39)	12.2%	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>	68.6%	79.4%	80.1%	Variation (negative)
Exception rate (number of exceptions).	9.1% (60)	14.5%	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>	64.8%	74.0%	76.0%	Variation (negative)
Exception rate (number of exceptions).	35.0% (237)	9.3%	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>	79.5%	87.4%	89.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	25.9% (77)	12.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	69.4%	80.4%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	1.5% (22)	4.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	82.0%	90.2%	90.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.8% (6)	7.3%	6.7%	N/A

Any additional evidence or comments

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18. The previous inspection took place within this period and the data has not changed since the previous report.

At this inspection the practice was able to produce unverified QOF data for 2018-2019. This showed that practice figures had improved over the year in the areas that showed a negative variation. For example, Asthma reviews had increased to 73%, COPD had increased to 81%, Hypertension Blood pressure readings had increased to 81% and 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 had increased to 72%.

Families, children and young people

Population group rating: Good

Findings

- 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)	94	102	92.2%	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)	107	117	91.5%	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)	106	117	90.6%	Met 90% minimum (no variation)
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)	105	117	89.7%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice was working to bring the one area under 90% up to the minimum. The practice had a GP who had regular monthly meeting with the Health Visitor Team to discuss parent's awareness and education in relation to Measles, mumps and rubella immunisation of children.

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.
- The practice told us that they had one of the highest Electronic Prescription Service usages in the locality, a service which increases convenience for our patients wishing to collect their prescriptions.

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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) <small>(Public Health England)</small>	65.0%	67.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	70.6%	70.3%	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) <small>(PHE)</small>	54.8%	54.5%	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) <small>(PHE)</small>	62.1%	63.1%	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) <small>(PHE)</small>	52.2%	56.9%	51.9%	No statistical variation

Any additional evidence or comments

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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 demonstrated that they had a system to identify people who misused substances.
- The building and areas had been audited for Disability Discrimination Act 2005 (DDA) compliance. This gives disabled people important rights of access to everyday services. The practice provided disabled access, a hearing loop, automatic doors and disabled toilets. For those who are registered blind or hard of hearing, alerts are added to the patient’s electronic record, to prompt reception or the clinician to provide additional support.
- Translation/interpreter services were available for foreign languages.
- The practice worked with community teams, such as District Nurses, to identify and manage

vulnerable patients or safeguarding concerns.

- This was a Dementia Friendly surgery, and all reviews were done within the patient's home by a health care assistant, with the carers support.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice had signed up to the local Dementia Enhanced Service and are a 'Dementia Friendly Practice'. All staff have had additional training in dementia awareness.
- Extended appointments are offered for patients who were experiencing poor mental health, as consultations could be complex and challenging.

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)	94.2%	91.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	50.5% (53)	11.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.9%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	46.7% (49)	14.8%	10.5%	N/A

The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.9%	84.3%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	3.9% (2)	9.2%	6.6%	N/A

Any additional evidence or comments

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)	511.3	542.4	537.5
Overall QOF exception reporting (all domains)	8.6%	7.4%	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 worked with the local Clinical Commissioning Group (CCG) Learning Disability (LD) Lead to update their LD register and actively targeted this group of the population to increase their health checks and improve their medical care. This was being monitored by a member of staff with initial contact being made by telephone with 'Easy Read' information leaflets/letters being sent to patients, with follow up information.

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
Explanation of any answers and additional evidence:	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (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
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 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
<p>Explanation of any answers and additional evidence:</p> <p>A Palliative Care board had been put in place, monitored daily by Home Visit Practitioner, who ensured correct coding on patients records and discussed with the multi-disciplinary team.</p> <p>The practice had recently engaged with the Clinical Commissioning Group to provide a Pain Pharmacist to review patients taking pain medicines. There were monthly health promotion initiatives in place, for example a Cancer awareness Week, Ovarian Cancer awareness in March, and the practice was planning a Diabetes Prevention Week in April and Bowel Cancer Awareness for April.</p>	

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>	93.4%	93.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	6.7% (176)	1.0%	0.8%	N/A

Any additional evidence or comments

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Consent to care and treatment

The practice 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	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 found that a Locum was not obtaining written consent for joint injections verbal consent was given by patients but not always 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
Explanation of any answers and additional evidence:	

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

Source	Feedback
Comment Card	Patient had been at the practice for a number of years. They had recently noticed an improvement in the last 18 months. Staff seem much happier and more settled. Receptionists are polite, telephones are answered promptly and more appointments are available.
Comment Card	GP made child feel at ease and explained everything well. Very understanding and a pleasure to meet GP.
Comment Card	Very happy with the surgery, all staff are very friendly and helpful. They will go out of their way to ensure everything needed is addressed.

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
10502	283	118	41.69999999999999 96%	1.12%

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)	82.7%	86.2%	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)	82.8%	84.1%	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)	93.5%	95.2%	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)	42.0%	78.2%	83.8%	Significant Variation (negative)

Any additional evidence or comments

The practice has responded to the figures for respondents to the 2018 GP Patient Survey by conducting a rolling audit of patient satisfaction over several months, with the last results being provided for February 2019. The results showed that all areas had improved with high responses as excellent for courtesy and friendliness of staff, comfort and cleanliness of the surgery, level of telephone response and overall quality of service was rated as good. The survey showed that 29% of patients who took part in the survey rated the overall quality of service as excellent and 71% rated the overall quality of service as good.

Friends and Family results have consistently improved since our last inspection in February 2018. In December 2018, 100% of patients that took part in the survey would recommend the practice. The latest results for March 2019 showed that 91% of patients would recommend this practice.

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

Involvement in decisions about care and treatment

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

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

Source	Feedback
Patients feedback.	Staff are friendly and helpful, however main drawback is time taken to get a routine appointment. Patient felt that when they left practice they had been listened to by GP. The nurse was very thoughtful, knowledgeable and caring.

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)	89.0%	92.8%	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
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 3% of their patient list as carers.
How the practice supported carers.	The practice had actively increased their carers' register and have a nominated Carers Champion who directs carers to relevant local services and resources.
How the practice supported recently bereaved patients.	The practice offered support and advice to bereaved families.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00am – 1:00pm. 2:00pm – 6:30pm
Tuesday	08:00am – 6:30pm
Wednesday	08:00am – 6:30pm
Thursday	08:00am – 6:30pm
Friday	08:00am – 6:30pm
Appointments available:	
Monday	08:00am – 13:00pm 2:00pm – 6:30pm
Tuesday	08:00am – 6:30pm
Wednesday	08:00am – 6:30pm
Thursday	08:00am – 6:30pm
Friday	08:00am – 6:30pm
The Southampton wide Federation of GP Practices provided a comprehensive extended access service covering bookable appointments with GPs, Nurses, HCAs and Physiotherapists in one of their 'hub' surgeries from 18.30 until 21.00 including every Saturday, Sunday and Bank Holiday.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
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10502	283	118	41.69999999999999 96%	1.12%
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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)	89.9%	93.2%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- 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.
- Longer appointments were available for those with multiple health issues.
- This season's flu vaccination program successfully targeted 94% of the 65-and-over population.
- The practice hosted a monthly Multi-Disciplinary Team meeting with the GPs, home visiting practitioner, District Nurses, Community Matrons, Urgent Response Team and Community Wellbeing Team.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- Regular medication reviews were done for patients to ensure that their medications were working correctly for them. The practice was promoting uptake of Electronic Prescribing and Repeat Dispensing to better meet patient's needs.

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.

- In addition to providing basic contraceptive advice, the practice actively sign-posted patients to local family planning and sexual health services.
- The practice hosted and linked in with midwifery antenatal clinics.
- The practice referred young people to the Community Adolescent Mental Health Service or to 'No Limits' (a free, local counselling service for children under 18) when appropriate.
- The practice had a GP who has regular monthly meeting with the Health Visitor Team.

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.
- Pre-bookable and book-on-day appointments were available with GPs and ANPs. Telephone appointments were also available for those unable to come to the surgery due to work commitments.
- Online appointment booking and online prescription services are available.
- The practice used a text message reminder system reminding patients of their appointment date and time.
- The practice actively used social media and the practice website to update patients, thinking particularly of those who are at work.
- The practice had access to the Southampton Federation of practice hubs for extended hours appointments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had become a Dementia Friendly surgery, and all reviews were completed within the patient's home.
- The practice offered longer appointments for patients in this population group.
- Easy Read leaflets for healthcare were available in waiting room.

People experiencing poor mental health (including people with dementia)

Population group rating: Good.

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- Contact details for the local free counselling service, 'Steps 2 Wellbeing', were given out by reception and clinicians, and were available in the waiting room to encourage self-referral.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The Home Visiting Practitioner (HVP) triages all requests and rings patients to confirm. For example, a patient did not attend a weekly appointment so the HVP visited the patients address and found the patient on the floor. The patient had appointment same time each week.	

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)	9.9%	N/A	70.3%	Significant Variation (negative)
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)	24.4%	63.1%	68.6%	Significant Variation (negative)
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)	27.7%	62.2%	65.9%	Significant Variation (negative)
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)	45.8%	70.8%	74.4%	Variation (negative)

Any additional evidence or comments
<p>The practice has responded to the figures for respondents to the 2018 GP Patient Survey by conducting a rolling audit of patient satisfaction, with the last results being provided for February 2019. The results showed that all areas had improved with high responses as excellent for courtesy and friendliness of staff, comfort and cleanliness of the surgery, level of telephone response and the overall quality of service was rated as good.</p> <p>The practice had improved the telephone systems and were moving to a new provider to make telephone access for patients better.</p> <p>For example: 72% of patients surveyed were satisfied with the level of response to contacting the practice by phone in the past 3 months. Of that number 58% felt that the telephone service was excellent.</p>

The practice increased the amount of online appointments and increased the number of GP in the practice. They were constantly reviewing the appointments system with regards to waiting times for routine appointments and striving to reduce the waiting times.

For example: In the 2019 practice survey, 77% of patients surveyed responded positively to the time they had to wait for an appointment.

Source	Feedback
Friends and Family Test.	Appointment with nurse who was punctual and pleasant. Highly professional phlebotomist able to get bloods with no bruising. Reception very efficient and GP also efficient. Patient appreciated the troubled times that the practice had gone through but had always received very good treatment and advice.

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.	41
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient felt there was a lack of care when they couldn't be seen on arrival at the surgery without an appointment.	Further training has been given to reception team regarding the issuing of emergency prescriptions.
Patient complaint that the nurse employed to carry out smear tests was male and that practice should not allow this.	The nurse was fully trained and able to do these, the nurse was also an ex midwife, Chaperones were available and patient advised at point of booking, female nurse available as an alternative if necessary.

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: Since our last inspection in February 2018, the practice had appointed a new clinical lead and the practice had brought in new work streams to check patients for Pre-diabetes and improve cancer diagnosis. They were also continuing to recruit permanent GPs, or to employ long term locums to improve continuity for patients.	

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

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

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

Source	Feedback
Members of Staff	<p>Management are open and transparent and staff views are listened to and acted upon.</p> <p>Staff work well together for the benefit of patients.</p> <p>All staff support each other and care about patients.</p> <p>Management are approachable, listen to concerns and act on concerns and advice.</p> <p>Good communication with staff by management.</p>

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: Since our last inspection the practice has reorganised its management structure into clear roles and responsibilities, such as clinical and administration leads, systems for clinical support and medicines management.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems 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

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

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: Since our last inspection in February 2018 the practice had produced a patient's charter which gave detailed explanations of what services the practice provided, what different types of appointments were, waiting times and responsibilities patients have to the practice. For example, the practice will start surgeries on time and they will try and see patients within 20 minutes of their appointment time, in the event of a delay the practice will offer an explanation. Patients were expected to show courtesy to staff at all times and respond in a positive way to questions asked by the reception staff. There was an expectation that fair notice would be given should patients wish to cancel an appointment.	

Feedback from Patient Participation Group.

Feedback
Feedback from the Patient Participation group was positive and we were told that there had been continued improvement in the way in which the practice offered services to the patients.

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

Examples of continuous learning and improvement
The practice had concentrated on feedback from patients and working to increase patient satisfaction. They had provided feedback and initiated actions to make improvements. Action was taken to improve telephone contact, such as changing the phone system employing more reception staff to enable the quicker response to calls. The practice had seen a reduction in complaints relating to the phone system and less comments being made on the surveys since the introduction of the new system.

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 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.