

Care Quality Commission

Inspection Evidence Table

Manor Practice (1-571602101)

Inspection date: 5 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.	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.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: Whilst the practice could identify the most vulnerable patients on the clinical records, they did not hold a	

Safeguarding	Y/N/Partial
central list. The practice did however keep separate lists of patients who were vulnerable for specific reasons, for example there was a palliative care register and a list of children and families at risk.	

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: July 2018	Y
There was a record of equipment calibration. Date of last calibration: October 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: January 2019	Y
There was a log of fire drills. Date of last drill: November 2018	Y
There was a record of fire alarm checks. Date of last check: 4 April 2019 (undertaken weekly)	Y
There was a record of fire training for staff. Date of last training: February 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: June 2018	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Y
Explanation of any answers and additional evidence: The practice undertook monthly health and safety risk assessments of the premises. We saw that actions identified were completed in a timely manner.	

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: September 2018	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>In addition to an annual infection control audit, the practice undertook monthly audits of consulting rooms, treatment rooms and the baby changing and toilet facilities. We saw that actions were undertaken in response to issues identified. For example, the purchasing of additional holders for disposable couch roll. Six monthly hand hygiene audits were also undertaken.</p> <p>Staff received on-line training on infection control as part of the practice's essential training requirements.</p>	

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 another 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

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.86	0.91	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) (NHSBSA)	10.2%	10.6%	8.7%	No statistical variation
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)	4.97	5.69	5.60	No statistical variation
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)	1.90	2.13	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.	Partial
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.	Partial
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

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.	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.	Y
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 medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A refrigerator used to store vaccines was not secure which meant there was a risk of access by unauthorised staff. We advised the practice of this on the day of the inspection. Shortly after the inspection the practice provided confirmation that the vaccine fridge was now locked and that keys were only accessible to authorised staff.</p> <p>The practice had two nurse prescribers whose prescribing practice was included as part of practice wide prescribing audits and monitoring. They also had an annual appraisal and a six-month review with their allocated GP mentor. Their prescribing decisions were overseen every day on an informal basis by the GP mentor and duty doctor. The prescribing nurses also attended clinical meetings and significant event meetings at which patient case studies and learning from incidents were discussed. However, there were no formal, regular one to one reviews of prescribing practice with the GP mentor. We discussed this with the practice on the day of the inspection and subsequently they informed us that formal monthly clinical supervision meetings had now been set up.</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.	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:	7
Number of events that required action:	7

Example of significant events recorded and actions by the practice.

Event	Specific action taken
A patient was given a medicine at the wrong interval	The error was realised as soon as the patient had left the surgery. A senior clinical staff member was informed and no clinical risk was identified. The patient was contacted and provided with an explanation and an apology which they were satisfied with. Because of this incident, the practice changed its procedures to minimise the risk of patients receiving the medicine at the wrong interval. All patients taking the medicine were issued with a booklet to help remind them of the correct timescales.

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: All alerts were received by the practice manager who circulated them appropriately and kept a spreadsheet record of all action taken.	

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.	Y
There were appropriate referral pathways 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

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>	0.79	0.76	0.79	No statistical variation

Older people

Population group rating: Good

Findings

- For patients aged over 75 the practice aimed to provide a much continuity of care as possible with named GP's, home visits and named GP's for nursing and care Homes.
- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. The practice worked with a multi-disciplinary team to develop anticipatory care plans that aimed to prevent unnecessary admission to hospital.
- Patients diagnosed with terminal illness were identified and a register of these patients was maintained. The practice met regularly with the palliative care team to ensure the care needs of these patients were being met.
- 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.
- Older patients taking multiple medicines had regular reviews of what they were being prescribed.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice held specialist diabetic nurse clinics on site and held DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) groups for newly diabetic patients.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice provided onsite Spirometry (Spirometry is used to diagnose asthma, chronic obstructive pulmonary disease (COPD) and other conditions that affect breathing).

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>	88.0%	83.7%	78.8%	Tending towards variation (positive)
Exception rate (number of exceptions).	21.3% (127)	17.8%	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>	78.6%	77.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	23.0% (137)	16.1%	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>	78.2%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	25.9% (154)	22.0%	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>	79.8%	68.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	22.5% (142)	15.2%	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>	97.5%	81.9%	89.7%	Variation (positive)
Exception rate (number of exceptions).	21.6% (45)	15.8%	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>	81.7%	78.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	8.5% (135)	6.2%	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>	77.0%	87.8%	90.0%	Variation (negative)
Exception rate (number of exceptions).	12.3% (30)	6.8%	6.7%	N/A

Any additional evidence or comments

The practice told us that performance was below average for the percentage of patients with atrial fibrillation who were treated with anti-coagulant therapy due to a coding error which had now been amended. They showed us that current performance for 2018/19 was 87%, however this data was unverified by CQC.

Exception reporting rates were higher than average for several long-term condition indicators including diabetes, asthma and COPD. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) The practice told us that patients were written to three times and

telephoned, inviting them for a review before they were excepted. They said that clinicians were involved in the decision to do this. They showed us data which indicated that exception reporting rates had significantly reduced during 2018/19 (this data was unverified by CQC).

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with or above the World Health Organisation (WHO) targets.
- 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.
- There were monthly primary health care team meetings which enabled the practice to liaise with health visitors about children and families of concern.

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)	99	100	99.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	122	131	93.1%	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)	123	131	93.9%	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)	122	131	93.1%	Met 90% minimum (no variation)

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.
- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme. The practice's information system highlighted if a patient was due for a smear test so that clinicians could opportunistically encourage uptake if they were seeing the patient for something else. The practice took part in national campaigns to encourage the uptake of cervical screening.

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)	76.2%	73.7%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	68.0%	72.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	63.3%	60.6%	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)	63.4%	64.4%	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)	53.1%	49.7%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took account the needs of those whose circumstances may make them vulnerable.
- The practice identified patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients could access a social prescribing service at the practice is available for support, guidance or help with issues including benefits, housing and social isolation.
- Patients with a learning disability were offered an annual review of their health needs.
- The practice worked closely with the local substance misuse service and referred patients when appropriate.

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.
- 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 were undertaken and care plans developed for patients with severe and enduring mental health problems including those with dementia.
- Patients could access mental health services provided by NHS counsellors and psychological therapies on the practice premises.

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)	96.5%	74.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	34.5% (30)	22.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.4%	79.8%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	26.4% (23)	17.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	85.2%	82.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	18.2% (18)	9.2%	6.6%	N/A

Any additional evidence or comments

Exception reporting rates were higher than average for patients with poor mental health including patients with dementia.

We spoke with the practice about this. They told us that patients were written to three times and telephoned, inviting them for a review before they were excepted. They said that clinicians were involved in the decision to do this. They showed us data which indicated that exception reporting rates had reduced during 2018/19 (this data was unverified by CQC).

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)	558.4	529.3	537.5
Overall QOF exception reporting (all domains)	9.0%	7.3%	5.8%

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

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

The practice had undertaken 10 clinical audits over the last two years. This included a review of antibiotic prescribing and repeat prescribing. It had also undertaken several smaller quality initiatives which included a review of the prescribing of emollient creams to reduce waste. The practice could demonstrate improved outcomes for patients because of the audits. For example, improved monitoring of patients with atrial fibrillation who may be taking anti-coagulation medicine and safer treatment and prescribing because of this.

Effective staffing

The practice could 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
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: Whilst all staff received training, support and day to day supervision, the competence of non-medical prescribers and their clinical decision making was not formally reviewed. We discussed this with the practice on the day of the inspection and subsequently they informed us that formal monthly clinical supervision meetings had now been set up.	

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	Y

processes to make referrals to other services.	
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Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The practice had well organised notice boards in the waiting are which focused on specific campaigns and areas of health promotion. For example, preventing diabetes and smoking cessation.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	96.1%	93.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (18)	0.8%	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.	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: The practice could demonstrate that consent was sought for interventions through the patient records. The practice ensured that written consent was sought for minor surgery procedures; completed forms were then uploaded into the patient record. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	25
Number of CQC comments received which were positive about the service.	25
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comments cards	<p>Patients commented that they were very happy with the service provided by the practice. Many described it as 'excellent' and 'brilliant'. They commented that staff were friendly, helpful, attentive and caring. They said they valued the treatment they received and that they always felt listened to.</p> <p>Two patients commented on the long length of time they had to wait for a routine appointment and one patient commented on difficulties getting a same day appointment with a GP.</p> <p>One patient commented that they would like feedback on comments that had been submitted in the patient comments/suggestions for improvement box.</p>

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
10360	232	91	39.2%	0.88%

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)	92.7%	89.9%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	93.7%	88.5%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.5%	96.3%	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)	90.9%	86.0%	83.8%	No statistical variation

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

Any additional evidence

Although the practice had not carried out its own patient survey it had utilised the results of the national GP survey. For most indicators, the practice scored higher or in line with the England average and for three indicators it scored the highest compared to the local clinical commissioning group.

It had identified the area where performance was lower than average, which was the number of respondents who were satisfied with the type of appointment they were offered. It had implemented several actions to address this, which included a review of the appointment system and the provision of urgent on the day appointments, an increase in telephone consultations with all GPs and telephone appointments for patients with chronic conditions. It had also encouraged increased uptake of on-line booking and trained receptionists to signpost patient to more appropriate appointments or services if required.

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
Comments cards	Patients commented that they felt listened to and involved in decisions about their care. Comments were also made about the useful information displayed on the practice noticeboard about treatments and conditions and other community services.

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	95.5%	95.0%	93.5%	No statistical variation

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

	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 large print format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Notice boards in the waiting area were well organised and disease/condition specific. They provided clear information about support groups and organisations and how to promote better health.	

Carers	Narrative
Percentage and number of carers identified.	The practice had 270 carers identified on its register which represented 3% of the practice list.
How the practice supported carers.	<p>The practice encouraged patients to identify if they had caring responsibilities so that they could, with consent, be added to the carers register. The practice manager liaised with the local carers support organisation which ran monthly drop session for carers. There was a noticeboard for carers with information about the support available to them.</p> <p>The practice offered carers assessments specifically aimed at giving carers the opportunity to look at their own physical and mental health needs and to ensure they were getting the benefits and access to support services they need.</p>
How the practice supported recently bereaved patients.	There was a named administrative contact for end of life care and bereavement. Condolence cards were sent to the bereaved with an invitation to see a GP.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: There was a sign at reception that asked patients not to queue beyond a certain point to respect the privacy of patients speaking with the receptionist. There was a private room available for confidential conversations if required. The practice had recently arranged for telephone calls to be taken in a separate office, instead of the front desk, to help maintain patient confidentiality and allow receptionists at the front desk to deal solely with arriving patients.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was full access for wheelchair users/patients with limited mobility and a lower access reception desk. • There was a lift to services on the first floor a lift, and consulting rooms available on the ground floor required. • There was a hearing loop system on the reception desk for those patients hard of hearing. • The practice provided information packs to elderly frail patients which provided them with advice and details about local support networks. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.20am until 6.30pm (with pre-booked appointments up to 9pm)
Tuesday	8.20am until 6.30pm
Wednesday	8.20am until 6.30pm
Thursday	8.20am until 6.30pm
Friday	8.20am until 6.30pm
Appointments available:	
Monday	8.30am until 9pm
Tuesday	8.30am until 5.30pm
Wednesday	8.30am until 5.30pm
Thursday	8.30am until 5.30pm
Friday	8.30am until 5.30pm
Phone lines are open from 8am Monday to Friday Patients could also access appointments at the weekends and in the evenings until 7.30pm at one of the local GP access hubs.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10360	232	91	39.2%	0.88%

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)	97.1%	96.1%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients over 75 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 to elderly patients who were medically housebound.
- There was a free taxi telephone line for patients. This was situated in the practice's lobby area with a chair so patients could sit whilst they waited.
- The practice had set a monthly coffee club here at the surgery primarily for older patients at risk of social isolation.
- Elderly patients could access a befriending service via the practice's NHS 'Time to Talk' counselling service.
- The practice provided information packs to the frail elderly which included advice and leaflets on local support networks.

People with long-term conditions

Population group rating: Good

Findings

- For patients with more than one chronic condition, clinics were organised to ensure they only had to attend one appointment for their annual review.
- Where clinically appropriate, the practice offered telephone reviews for patients with asthma and diabetes.
- There were specific 'Time to Talk' NHS counselling services held at the practice for people with long term conditions.

Families, children and young people

Population group rating: Good

Findings

- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Health visitor clinics were held weekly on the practice premises where parents could get their child weighed and speak to a health visitor about any concerns.
- A breastfeeding support group was held weekly on the practice premises.
- Young people could access services for sexual health and contraception.
- The practice had developed strong links with local schools and liaised regularly with them about issues such as mental health in children and teenagers.
- Children and families on child protection register had a named GP.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Online access to appointments was available and the practice had increased number of telephone appointments for those who are unable to attend the surgery.
- Extended access was available on a Monday evening for those patients unable to attend an appointment during the day. NHS Health Checks clinics were held weekly for those patients aged between 40-74 years of age. The practice offered appointments in the evening for these reviews to accommodate patients who worked during the day.
- The practice website and patient leaflets were updated regularly with new information and news.
- The practice used a text messaging service to communicate with its patients about appointments and chronic condition reviews.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Patients could access a social prescribing service at the practice is available for support, guidance or help with issues including benefits, housing and social isolation.
- The practice worked closely with the local substance misuse service and referred patients when appropriate.
- The practice had spare consulting rooms for services to use if they could not travel to their appointments. For example, counselling services and substance misuse
- Longer appointments were available for people with communication difficulties.
- Translators were available if required.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice had received an NHS 'PACE Setter' award for primary care mental health services (The PACE Setter Award is an improvement programme for practices providing primary care services to children, young people, their families and carers) for its work on promoting mental health resources in the community to its patients, a mental health notice board for patients, training for staff on mental health and staff well-being activities
- Patients with mental health problems were highlighted so that they received priority appointments.
- There was a designated notice board for mental health information and advice for patients.
- The practice worked closely with a neighbouring community resource centre for patients with mental health difficulties.

Timely access to the service

People could access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when necessary.	Y
Explanation of any answers and additional evidence: The practice prioritised patients who were pregnant, children and those with mental health difficulties.	

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)	81.3%	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)	74.2%	71.1%	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)	74.3%	67.0%	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)	73.8%	77.9%	74.4%	No statistical variation

Any additional evidence or comments

The practice had increased the availability of routine telephone appointments GPs and telephone appointments for patients with chronic conditions.

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.	7
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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 of learning from complaints.

Complaint	Specific action taken
Failure to undertake a required eye examination during a consultation.	A letter of apology was sent to the patient and the clinical staff member involved attended additional training on eye examinations. The patient was satisfied with the response.

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: Leaders clearly understood challenges to quality and sustainability which included financial constraints, workforce planning and increased patient demand. They worked closely with other practices in the local clinical network. Staff told us that all leaders in the practice were approachable and that there was an 'open door' policy. There was clear evidence of succession planning which included the training of salaried GPs for partnership roles and the training of administrative staff for more managerial/supervisory roles.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a clear vision "To deliver the highest level of medical care to the population of Southwick and beyond, in modern premises; deliver health care in a flexible and innovative way to meet patient choice and to reflect changing political and economic circumstances. To provide a rewarding place to work in a supportive team and a healthy work / life balance for those who work at The Manor Practice."	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was awarded the NHS 'PACE Setter' award for primary care mental health services part of which was for improving the well-being of staff. In response to a questionnaire sent to staff a regular Thursday lunch time meeting was organised for reception time to provide them with protected time to meet as a team. The practice also organised resilience training for staff and invited a local therapist to the practice who had visited the practice to provide massages for staff.</p>	

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

Source	Feedback
Staff feedback and interviews.	<p>Staff told us that they liked working at the practice. They said it was a friendly supportive team and that managers were approachable. They felt well supported in their roles and felt they received all the training they needed to undertake their jobs effectively. They told us they were encouraged to take up additional training opportunities. For example, leadership and management.</p> <p>Staff turnover was low and staff told us that the partners supported flexible working patterns.</p> <p>Staff felt listened to and told us that ideas and suggestions were often taken on board. For example, the purchasing of new equipment. They told us they felt valued.</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
Explanation of any answers and additional evidence: There was evidence that the practice took the opportunity to review governance and management structures. For example, due to staffing changes the practice had redefined some of the management roles which had led to more effective working.	

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
Explanation of any answers and additional evidence: The practice undertook regular risk assessments of health and safety and fire. There was an ongoing programme of clinical audit.	

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

Feedback from Patient Participation Group.

Feedback
We spoke with three representatives from the patient participation group (PPG). They told us that the PPG met with the practice every two to three months. They told us the practice kept them updated on the latest news and developments. They said the practice listened to patient views and acted on them, for example displaying the names of the doctors and nurses in the surgery that day.

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.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

- The practice had undertaken 10 clinical audits over the last two years. This included a review of antibiotic prescribing and repeat prescribing. It could demonstrate improved outcomes to patients because of these.
- It had been awarded an NHS 'PACE Setter' award for primary care mental health services.
- The practice was a training practice and had one GP in specialist training (These are fully qualified doctors who have worked at least one year as hospital doctors who work under supervision). All the staff were, to some degree, involved in the training of future GPs.

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.