

Care Quality Commission

Inspection Evidence Table

Date of inspection: [REDACTED]

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
Policies were in place 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
Systems were in place 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
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The practice kept a register of vulnerable patients Regular safeguarding meetings were held and were well documented.	

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
Systems were in place to ensure the registration of clinical staff (including nurses and	Y

pharmacists) was checked and regularly monitored.	
Staff who required medical indemnity insurance had it in place.	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: July 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Y
Fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: Dec 2017	Y
There was a log of fire drills. Date of last drill: June 2018	Y
There was a record of fire alarm checks. Date of last check: October 2018.	Y
There was a record of fire training for staff. Date of last training: All completed training on various dates.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: March 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Fire alarms are tested weekly. The last fire drill and evacuation had been completed whilst patients were on the premises.	
Health and safety Premises/security risk assessment carried out. Date of last assessment: September 2018	Y
Health and safety risk assessment and actions Date of last assessment: September 2018	Y
Explanation of any answers and additional evidence: The practice manager completed a monthly walk around of the premises which was documented and any action points highlighted. For example, we saw that on one such round they had identified a chair that needed replacement due to the condition of its covering. The chair had been replaced.	

Infection control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection risk assessment and policy in place	Y
Staff had received effective training on infection control.	Y
Date of last infection control audit:	Feb 2018
The provider had acted on any issues identified in infection control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: We saw that sink taps had been replaced with elbow operated taps as result of the audit.	

Risks to patients

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

Question	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 clinician 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 in place 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 provider assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: Equipment for dealing with suspected cases of sepsis was available. The practice had also purchased a paediatric under arm thermometer for use with children under four weeks of age.	

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 provider 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: <ul style="list-style-type: none"> The provider undertook six monthly audits of the consultation and record keeping of all salaried GPs and nurses. We saw evidence of a co-ordinated approach between the practice and community nurses to support provision of safe care and treatment for patients. 	

Appropriate and safe use of medicines

The provider ensured the safe use of medicines.

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).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.53	1.04	0.95	Significant variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	11.7%	10.3%	8.7%	Comparable to other practices

Medicines management	Y/N/Partial
The provider 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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines	Y

(for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength). The practice had carried out its own audit into controlled drug dosage on 25 October 2018.	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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Y

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	Y

externally.	
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months.	29
Number of events that required action	7
Explanation of any answers and additional evidence: Staff were encouraged to raise any areas of concern relating to safety.	

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

Event	Specific action taken
Diabetic with ketones	To report abnormal urinalysis with glucose and protein in a diabetic patient immediately to the duty clinician
Missed diagnosis of ectopic pregnancy	Additional training for clinician concerned including a day spent shadowing a gynaecologist.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understand how to deal with alerts.	Y

Effective

Rating: Good

Please note: QOF data relates to 2017/18 unless otherwise indicated

Effective needs assessment, care and treatment

Peoples' needs were assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance.

	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
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y

Explanation of any answers and additional evidence:

Prescribing indicator	Practice performance	CCG average	England average	England comparison
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Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2017 to 30/06/2018) (NHSBSA)	0.38	0.73	0.83	Comparable to other practices
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Older people

Population group rating: Good

Findings

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice employed a care-coordinator, a nurse with community nursing experience to help meet the needs of older patients.
- The practice carried out structured medication reviews for older patients.
- The practice supported 34 patients living in residential care.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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. Clinical staff opportunistically offered reviews if patients had failed to attend previous appointments.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice followed up on patients with long-term conditions discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

Diabetes Indicators

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.1%	81.3%	78.8%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9%	7.9%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
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) (QOF)	64.1%	76.8%	77.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1%	7.8%	9.8%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	82.4%	82.9%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (52)	12.8%	13.5%	

Other long-term conditions				
Indicator	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. (01/04/2017 to 31/03/2018) (QOF)	73.4%	79.6%	76.0%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (14)	3.4%	7.7%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.2%	92.1%	89.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (4)	6.3%	11.5%	
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 150/90 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	83.1%	84.1%	82.6%	Comparable to other practices)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (16)	3.2%	4.2%	
Indicator	Practice	CCG average	England average	England comparison
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)	87.5%	92.6%	90.0%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (4)	4.1%	6.7%	

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- 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.

- The practice had a system to identify children not brought to appointments.
- Young people could access services for sexual health and contraception.

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	79	85	92.9%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster). (01/04/2016 to 31/03/2017) (NHS England)	100	111	90.1%	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.) (01/04/2016 to 31/03/2017) (NHS England)	100	111	90.1%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR). (01/04/2016 to 31/03/2017) (NHS England)	102	111	91.9%	Met 90% Minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings				
<ul style="list-style-type: none"> • The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. • Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. 				
Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were	76.2%	77.6%	72.1%	Comparable to other practices

screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.3%	75.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	59.8%	60.2%	54.6%	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. (PHE)	53.8%	74.1%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	57.1%	55.7%	51.6%	Comparable to other practices

Any additional evidence or comments

The practice informed us that some low attainment figures were because of systems errors, perhaps due to the migration to the new clinical IT system. We looked at their 'how am I driving' figures and saw for example that the figure for reviews of patients diagnosed with cancer was running at over 70%.

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 those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

Population groups - 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 were referred appropriately to a range of treatments.
- There was a system for following up patients who failed to attend for administration of long term medication.
- The practice monitored script ordering and collection of anti-psychotics and other medications for treating severe mental illness..
- 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 followed up on patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. (01/04/2017 to 31/03/2018) (QOF)	75.0%	90.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (2)	13.6%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months. (01/04/2017 to 31/03/2018) (QOF)	83.3%	91.8%	90.0%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (2)	11.5%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
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)	90.2%	86.3%	83.0%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (5)	7.5%	6.6%	

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.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y

Indicator	Practice	CCG average	England average
Overall QOF achievement as a percentage	94.1%	98.1%	96.6%
Overall QOF exception reporting	3.4%	4.2%	5.8%

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

Improvement activity
<p>Several audits had been undertaken including;</p> <ul style="list-style-type: none"> • Depo-provera prescribing • controlled drugs dosage audit and controlled drugs templates • over 75's not seen or no contact within the last 12 months.
<p>The practice used information about care and treatment to make improvements. This audit and re-audit activity had resulted in changes to clinical management of patients and medicines for individuals, in line with guidance.</p>

Effective staffing

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 provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of	Y

professional revalidation.	
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses and pharmacists.	Y
Explanation of any answers and additional evidence: The provider conducted six monthly audits of salaried GP and nurse consultations and record keeping as part of the support and clinical supervision process. The GP partner provided additional clinical support and guidance to less experienced GPs.	

Coordinating care and treatment

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

	Y/N/Partial
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 co-ordinated way when different teams, services or organisations were involved.	Y
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Y
Explanation of any answers and additional evidence: Palliative care meetings were well documented.	

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 be in need of 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.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions:	93.3%	97.1%	95.1%	Comparable to other

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				practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (4)	0.5%	0.8%	

Any additional evidence or comments

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. We saw that verbal consent was recorded and where written consent was required it was scanned onto patient notes	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

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.

CQC comments cards	
Total comments cards received	79
Number of CQC comments received which were positive about the service	72
Number of comments cards received which were mixed about the service	7
Number of CQC comments received which were negative about the service	0

Examples of feedback received

Source	Feedback
CQC Comments cards	A number of cards noted that staff were professional, respectful and caring. Reception staff were noted to be helpful, respectful and always tried to respect patients' confidentiality. The doctors and nurses at the service were described as very good. The negative comments related to difficulty in getting an appointment.

National GP Survey results 2018.

Practice population size	Surveys sent out	Surveys returned	Survey response rate%	% of practice population
6183	298	126	42.3%	2.04%

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)	81.3%	90.0%	89.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	78.8%	88.4%	87.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.2%	95.6%	95.6%	Comparable to other practices
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)	71.8%	82.7%	83.8%	Comparable to other practices

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

Date of	Summary of results
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exercise	
January 2018	<p>Personal patient survey for the GP provider.</p> <p>There were 116 respondents to the survey; 98% found it easy or fairly easy to enter the building 98% found the surgery very or fairly clean 98% found reception staff very or fairly friendly 16% said they were not happy with being overheard in reception The practice had responded by playing music in the reception area to help mask conversations and had introduced a self-check in terminal to try and minimise queuing at reception and the subsequent overhearing of conversations.</p>

Any additional evidence

Involvement in decisions about care and treatment

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

Examples of feedback received:

Source	Feedback
Patient Participation Group	We met with the acting Chair of the patient participation group said they were involved with the development of the practice and their views were respected and acted upon.

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)	89.3%	92.2%	93.5%	Comparable to other practices

Question	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:	

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Carers	Narrative
Percentage of carers identified	The practice had identified 131 cares, which was 2.12% of the practice list.
How the practice supports carers (including young carers)	A carers' board and a folder containing carers information was held in reception which was regularly updated. We were told that carers were offered an annual health check and a flu vaccination.
How the practice supports recently bereaved patients	The GP practice sent the families of patients a card of condolence. The care coordinator contacted the bereaved to offer support and an appointment was offered. Bereaved patients were offered priority appointments if required.

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.	Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Privacy curtains were not fitted in all rooms. Th practice manager stated that they would ensure curtains were fitted in those rooms currently lacking. 	

	Narrative
Arrangements to ensure confidentiality at the reception desk	Music was playing to help mask conversations. The design of the reception area was not conducive in maintaining patient confidentiality but staff were aware that private space was available. Self-check in had been introduced to help minimise queuing at reception.

Source	Feedback
Patient comment cards.	Of the 79 patient comment cards we received on the day of inspection, seven specifically mentioned their confidentiality being respected and being treated with kindness and respect.

Responsive

Rating: Good

Responding to and meeting people's needs

The practice took account of peoples' needs and choices so that people received personalised care that was responsive to their needs.

	Y/N/Partial
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
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
Explanation of any answers and additional evidence: Requests for a home visit would be triaged by the GP and a visit made if necessary. Telephone triage was available each day with emergency appointments available.	

Practice Opening Times	
Day	Time
Appointments available:	
Monday	8.00am until 6.30pm
Tuesday	8.00am until 6.30pm
Wednesday	8.00am until 6.30pm
Thursday	8.00am until 6.30pm
Friday	8.00am until 6.30pm
Extended hours access appointments were available at St Peters Hill Surgery, Grantham from 6.30pm to 8pm Monday to Friday and 9am to 12 noon on Saturday, Sunday and bank holidays.	

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Health checks were offered to patients over 75 years of age.
- The practice employed a care-coordinator, an experienced nurse with community nursing experience to help manage the health care needs of patients in this group.

Population groups - People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- The practice liaised regularly with the local district nursing team 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.

Population groups – Families, children and young people

Population group rating: Good

Findings

- Appointments were available out of school hours for young people in education.
- 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 under the age of 18 were offered a same day appointment when necessary.

Population groups – 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.
- Extended hours pre-bookable appointments were also available to all patients at St Peters Hill Surgery in Grantham as the practice was a member of a GP federation. Appointments were available every Monday to Friday from 6.30pm to 8pm and Saturday and Sunday and public holidays from 9am 12 noon.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including 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 people with a learning disability and offered longer appointments and a private waiting area away from the main reception.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments would be allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had been made a Dementia Friendly practice following engagement with the Alzheimer's Society
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

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)	54.4%	81.1%	70.3%	Comparable to other practices
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)	56.4%	70.4%	68.6%	Comparable to other practices
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	61.7%	65.2%	65.9%	Comparable to other practices

31/03/2018)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	70.5%	75.3%	74.4%	Comparable to other practices

Examples of feedback received from patients about access to care and treatment:

Source	Feedback
CQC comments cards	The practice had responded to the low satisfaction in respect of telephone access and had revised their telephone arrangements. Despite the low satisfaction scores in the GP Patient survey, of the 79 CQC feedback cards we received none contained any negative comments about getting through to the practice by telephone.

Listening and learning from concerns and complaints

Complaints and concerns were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	14
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

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

Well-led

Rating: Good

Leadership capacity and capability

Leaders 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 in place, including a succession plan.	Y

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 in place 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 discussed aspects of practice development with the PPG and liaised with the CCG regularly. The practice was a member of the local GP federation and the GP Partner was Chair. The federation was seen as a positive step going forward in providing quality, sustainable care, for example by delivering the extended hours program.	

Culture

The practice had a culture of 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
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Y
A whistle blowing policy was in place	Y

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

Source	Feedback
Staff	Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.

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 in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

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 in place which were regularly reviewed and improved.	Y
There were processes in place 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.	N
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: Although staff had not been specifically trained in preparation for major incidents we saw that posters were displayed in staff area instructing them of what to do in such circumstances. The major incident plan was available to staff on the practice computer system.	

Appropriate and accurate information

The practice acted on appropriate and accurate information.

	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 include making statutory notifications understand 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 provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group

Feedback
The patient participation group was involved in the development of the practice and the individual needs and preferences of patients were central to the planning and delivery of care. We saw examples of changes and improvements made by the practice to enhance services and the patient experience. For example, we saw that the practice had reviewed in detail the responses to the GP patient survey with the PPG and action had been taken as a result. PPG also spoke highly of the commitment of the lead GP to improve services for patients and commented that the change of provider had been 'seamless' and beneficial for patients.

Any additional evidence

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
Clinical team meetings

Clinical support, oversight and peer review. Study leave for those staff seeking to improve and enhance their learning

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

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:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>