

# Care Quality Commission

## Inspection Evidence Table

### Horsefair Surgery (1-557912970)

Inspection date: 4 and 5 December 2018

Date of data download: 06 December 2018

## 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
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
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

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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 pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: May 2018	Y
There was a record of equipment calibration. Date of last calibration: December 2018	Y
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: Undertaken annually	Y
There was a record of fire alarm checks. Date of last check: weekly	Y
There was a record of fire training for staff.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: February 2018	Y
Actions from fire risk assessment were identified and completed.	Y

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment:	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Ongoing	Y

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: May 2018	
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

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems 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 practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	
A GP had delivered training to reception staff on sepsis to improve their ability to identify symptoms and act appropriately where they had concerns.	

## 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had undertaken extensive work since July 2018 to review the accuracy of the patient record system. This had identified patients listed as having long term conditions such as atrial fibrillation prior to 2017 when they actually had no diagnosis of such a disease.</li> <li>The practice was also undertaking work to identify patients who had a long term condition but were not accurately coded on the clinical system. Work was continuing to improve the accuracy of patient record coding to ensure monitoring of patients with chronic diseases was accurate.</li> <li>Clinical governance records showed additional reviews of the accuracy regarding chronic kidney disease were planned.</li> <li>During the inspection audits to identify patients who may not be recorded as having a long term condition were undertaken (on the basis of what medications patients were being prescribed historically) and this led to appropriate coding being added for 17 patients with diabetes, 32 patients with asthma and six patients with COPD.</li> <li>The work to improve diabetes coding had begun prior to the inspection. We compared the current disease registers with data from 2017/18 disease prevalence. This showed that the changes to disease registers resulting from reviews of patient coding had led to an increase in COPD, asthma and mental health prevalence and a decrease in diabetes.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.88	0.81	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	12.1%	10.7%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y*
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place 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

<b>Medicines management</b>	<b>Y/N/Partial</b>
For remote or online prescribing there were effective protocols in place 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 were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	
*There had been significant improvements in the monitoring of medicines which included a new monitoring tool and support provided to GPs by a pharmacist in routine medication reviews. 83% of patients on more than four medicines had an up to date review in place and 70% of patients on less than four medicines had an up to date review in place.	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

<b>Significant events</b>	<b>Y/N/Partial</b>
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:	30
Number of events that required action:	30

Example of significant events recorded and actions by the practice.

<b>Specific action taken</b>	
There was an open culture to reporting and investigating significant events. We saw examples where omissions in care had occurred which resulted in either clinical audit or training being provided to staff.	
<b>Safety alerts</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

# 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
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

### Explanation of any answers and additional evidence:

The practice had developed their own templates for reviewing patients with long term conditions in September 2018. These exceeded the required national criteria for long term condition reviews.

As part of the work to update and improve accuracy of disease registers and related care monitoring, the practice had reviewed patients recorded as having dementia and mental health reviews. Where a review of the condition had been recorded within the QOF year the information recorded from the condition review was evaluated to determine whether it met the standards set by the GP clinical lead.

Where this was not the case the code was removed and the patient was listed as requiring a long term condition review and to be contacted in line with the recall system. At the time of inspection 93 patients out of 128 required mental health reviews and 83 out of 111 patients required dementia reviews.

The practice provided us with an assessment of how much clinical time would be required to complete these reviews within the QOF year and the clinical director informed us there was additional resourcing secured to complete these. The practice also had clinics planned aimed at completing the target of 80% of Asthma reviews and all COPD reviews within the QOF year.

We looked at a sample of 25 patients on disease registers all coded as receiving a review of their condition. We also checked any care recorded which was required in relation to their long term condition reviews. We found that all had received a review which met or exceeded the standards required in national guidance.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.52	0.55	0.81	No statistical variation

## Older people

## Population group rating: good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

## People with long-term conditions

## Population group rating: 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was working to identify patients with inaccurately coded or undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring or advised on how they could access this independently.

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>	68.5%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	14.1% (109)	13.6%	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>	63.8%	78.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (65)	10.6%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	74.6%	82.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.9% (107)	13.4%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	70.7%	76.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (28)	5.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.8%	90.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	15.2% (39)	11.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	77.6%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.5% (121)	4.2%	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) (QOF)	88.0%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (9)	7.8%	6.7%	N/A

## Families, children and young people

Population group rating: good

### Findings

- Childhood immunisation uptake rates were in line with 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 and would liaise with health visitors when necessary.

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)	170	177	96.0%	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)	165	185	89.2%	Below 90% minimum (variation negative)
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)	164	185	88.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	166	185	89.7%	Below 90% minimum (variation negative)

## Working age people (including those recently retired and students)

Population group rating: good

### Findings

Add findings here (for example):

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	72.8%	71.6%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.3%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.2%	57.6%	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)	67.4%	78.5%	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)	48.4%	61.2%	51.6%	No statistical variation

## People whose circumstances make them vulnerable

Population group rating: good

Findings
<ul style="list-style-type: none"> <li>End of life care was delivered in a coordinated way, was led by an emergency care practitioner who was supported and supervised by GPs.</li> <li>The practice held a register of patients living in vulnerable circumstances including those with a learning disability.</li> <li>The practice had a system for vaccinating patients with an underlying medical condition.</li> <li>The practice demonstrated that they had a system to identify people who misused substances.</li> </ul>

## People experiencing poor mental health (including people with dementia)

Population group rating: good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>Mental health reviews had 45 minutes of clinician time allocated to completing them.</li> <li>There was a system for following up patients who failed to attend for administration of long-term medication.</li> <li>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.</li> </ul>

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)	70.5%	91.4%	89.5%	Variation (negative)
Exception rate (number of exceptions).	4.0% (4)	9.0%	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)	62.9%	89.2%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	2.0% (2)	8.2%	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)	91.7%	84.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (2)	4.9%	6.6%	N/A

### Monitoring care and treatment

The practice had implemented a programme of quality improvement activity and had begun to review the effectiveness and appropriateness of the care, including plans to improve care outcomes.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	518.11		537.5
Overall QOF exception reporting (all domains)	5.4%	5.5%	5.8%

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

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

<ul style="list-style-type: none"> <li>• We saw an audit plan which indicated new audits had been implemented since our previous comprehensive inspection in May 2018. We found these had been chosen on the basis of risks which had been identified or areas that the practice believed quality improvement was potentially required.</li> <li>• One example was an audit into hormone replacement treatment (HRT) and the appropriate prescribing of progesterone due to the risk in some women when undertaking this treatment. This resulted from a significant event where it was identified that some women had been undertaking HRT treatment without progesterone also being prescribed when it was clinically appropriate to do so. The audit identified that coding needed to be changed for at least one patient and that a re-audit should be undertaken in 12 months.</li> <li>• The audits which had undertaken were planned for re-audit within 12 months. However, it was too early to determine whether some audits would lead to quality improvement due to there only being one cycle to date.</li> </ul>
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## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QoF)	Yes
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

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	90.8%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (13)	0.7%	0.8%	N/A

## 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 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

# Caring

## Rating: Good

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was mainly 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.	9
Number of CQC comments received which were positive about the service.	7
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	Mixed or negative comments related to access to appointments and feeling rushed by a clinician.
Comment cards	Positive comments related to positive experiences with specific staff and one regarding the ability to access appointments.
Patient interviews	Nine patients reported that interactions with staff were positive and that staff were caring, but two felt this was not always the case.

## 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
15,124	269	109	40.5%	0.72%

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)	85.3%	91.0%	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)	81.3%	89.7%	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)	90.8%	96.7%	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)	64.3%	87.3%	83.8%	Variation (negative)

### Any additional evidence or comments

The national survey does not represent the period of time from September 2018 when improvements to care processes have taken place and may not be an accurate reflection of patient opinion at the time of inspection. The practice was in the process of conducting a patient survey.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y*
Any additional evidence	
*The practice was in the process of undertaking a patient survey and we saw the questionnaire being used for the survey.	

## 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
Explanation of any answers and additional evidence: There were five positive answers from patient interviews regarding involvement in decisions about care and two negative ones.	

## 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)	94.5%	95.6%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	342
How the practice supported carers.	Identification at registration and information on support organisations is provided. Carers were flagged on the record system to identify them to staff.
How the practice supported recently bereaved patients.	The practice provided patients with end of life support information leaflets to help this group of patients and their families plan for the end of their lives and identify what support family members may also need.

## 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: *One patient told us they were not happy about being asked why needed an appointment at reception desk when so many people around.	

## Responsive

## Rating: Requires improvement

### 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.	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
<p>Explanation of any answers and additional evidence:</p> <p>*Patient feedback was mixed when we asked patients whether they believed they experienced their care needs were met. Five patients answered positively and five answered negatively. Amongst the responses given were:</p> <ul style="list-style-type: none"> <li>- Impressed with GP, they contacted a specialist to ensure my treatment was ok.</li> <li>-Frustrating at times</li> </ul> <p>Negative answers about continuity of care were sometimes linked to the ability to book an appointment.</p> <p>**The practice provided 45 minutes of contact time with clinical staff during mental health reviews to ensure a high quality and person centred approach.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available:	
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,124	269	109	40.5%	0.72%

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)	93.4%	95.3%	94.8%	No statistical variation

### Older people

### Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> <li>Older patients were able to access home visits from an emergency care practitioner or GP when needed.</li> <li>The practice had improved working relationships with care homes. Communication and care coordination had been organised in a way which meant older patients in care homes were able to receive interventions from the practice when needed.</li> <li>There was continued improvement to the planning of palliative care.</li> </ul>

### People with long-term conditions improvement

### Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> <li>The practice had implemented an improved recall system for patients who needed reviews of their conditions.</li> <li>Patients who had not been recorded as receiving reviews of their conditions for the longest period of time were prioritised.</li> <li>The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.</li> <li>Designated long term condition review clinics were available.</li> </ul>

## **Families, children and young people improvement**

**Population group rating: Requires**

### **Findings**

- There were priority appointments for children under five years old.
- 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.

## **Working age people (including those recently retired and students)**

**Population group rating: Requires improvement**

### **Findings**

- Patient feedback suggested they found the telephone system difficult to access at times, with long waits to be able to get through to speak with receptionists. This was a disadvantage to those who worked during normal working hours.
- A primary local hub service offered acute GP and nurse appointments to patients outside and inside normal working hours.

## **People whose circumstances make them vulnerable group rating: Requires improvement**

**Population**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including those with learning disability.
- The practice enabled people to acquire food bank vouchers onsite if needed.

## **People experiencing poor mental health (including people with dementia)**

**Population group rating: Requires improvement**

### **Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

## Timely access to the service

### People were not always able to access care and treatment in a timely way.

#### National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Partial
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Patients experienced difficulty accessing the phone lines and booking appointments. There were same day appointments available and a system to prioritise urgent needs, but this was dependent on capacity of the phone and appointment system.	

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)	20.7%	82.2%	70.3%	N/A
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)	42.9%	75.7%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	39.9%	69.5%	65.9%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	54.5%	80.2%	74.4%	Variation (negative)

#### Any additional evidence or comments

Audits of the telephony system had been introduced. This included a patient participation group audit and a review of the calls inbound by the telephony company due to commence in December 2018.

The telephony provider had been requested to undertake a review of calls inbound in October 2018 and found that of 323 calls per day only 2.5 were lost due to capacity issues. The contractor indicated in their analysis that this was below average for the GP practices who they provide phone services to. They also indicated the number of patients experiencing a busy tone when calling the practice was below average. However, the analysis did not include how long the average wait time was.

The practice was also undertaking a survey to identify what issues patients may experience with the telephony system and appointment booking.

The audit work was still underway and therefore no actions could yet be implemented as a result of this monitoring.

The practice informed us that patients were only held in a queue for 20 minutes maximum at which point the call would be ended.

Source	Feedback
Patient interviews	<p>Two patients reported positive experiences using the phone lines and 12 reported negative experiences. The negative feedback we received included:</p> <ul style="list-style-type: none"> <li>-I rang at 12.30 yesterday for an appointment for my child and this was answered quickly but advised to call back at 2pm due to no appointments being available. I rang then and was on hold for 10 minutes and then cut off. The second time it was engaged, and the third time also. I can wait for an hour to get through on the phone.</li> <li>-20 minute waits</li> <li>-Up to half hour waits on the phone</li> <li>-20 minute wait on the phone</li> <li>-Sometimes one hour to get through on phone</li> <li>-5-10 minutes wait time on phone</li> <li>-Rang Friday for test results at 1pm and told to make telephone appointment via reception, rang three times and found engaged tone and then held twice for ten minutes. Came in to the practice to book appointment today and have one for 21 December.</li> <li>-I can be waiting over an hour</li> <li>-Engaged for 20 minutes this morning. I tried to get an appointment yesterday but no on day ones available so had to call back today to get an on the day</li> <li>-Over 30 minutes to get through on phone</li> <li>-phone lines difficult to get through</li> <li>-Had a 22 minute wait including numerous engaged tones. Had to come to practice to make an appointment in person</li> </ul> <p>Positive responses:</p> <ul style="list-style-type: none"> <li>-Called today and got through ok</li> <li>-Usually a few minutes on hold.</li> </ul>
Patient interviews	<p>When asked specifically about their experience making an appointment, patients provided mainly negative feedback (eight comments) with three positive responses. There was overlap with the feedback provided regarding phone access but the comments were distinct from those above. The following comments were recorded.</p>

	<p>Negative responses:</p> <ul style="list-style-type: none"> <li>-Patient works shifts so is very difficult to contact practice in hours and get appointment at flexible time and was unaware of online services.</li> <li>-Patient unable to book appointment for specific injection. Last appointment needed to be made in person at reception for today.</li> <li>-It's very difficult to get through on phone so come to the practice to book an appointment (there were two of these responses)</li> <li>-Two to three week wait for an appointment</li> <li>-Not always able to book an appointment</li> <li>-Up to four week wait for appointments</li> <li>-Unable to see GP face to face for 4 to 5 years and only has phone appointments offered.</li> <li>-It can take a month for next available appointment</li> </ul> <p>Positive responses:</p> <ul style="list-style-type: none"> <li>-Ok if not asking for specific GP</li> <li>-Not a problem, doesn't use phone lines</li> <li>-You can normally make appointment at time required</li> </ul>
Comment cards	There was one negative and one positive comment regarding access.

## 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.	18*
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2**
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
Explanation of any answers and additional evidence:	
*These are only complaints received since 1 May 2018 due the last comprehensive inspection reviewing any complaints received prior to this.	

\*\*We saw one complaint which had led to more urgent blood test appointments being made available and action to ensure the awareness of reception staff regarding urgent blood test appointments was appropriate.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels / Leaders could not 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.	Partial
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
Explanation of any answers and additional evidence:	
The clinical lead was new to the role (September 2018). The clinical lead and practice manager had attended a leadership course in the Autumn of 2018 to enhance their leadership skills. There had been a distinct improvement in clinical leadership but more time was needed to ensure that quality clinical leadership was embedded at the practice.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Partial
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 challenges facing Horsefair Surgery in terms of recruiting and retaining GPs had improved since May 2018. It was not yet clear if all improvements required were sustainable and fully achievable due to the recent nature of changes.	

## Culture

### The practice had a culture which drove quality improvements.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

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

Source	Feedback
Staff interviews	Staff felt they were able to raise concerns and supported in terms of development and training.

## 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.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

## Appropriate and accurate information

**There was accurate data and information to enable effective monitoring.**

	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 towards improving 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 (PPG).

### Feedback

The PPG chair informed us that there were regular meetings attended by the practice manager and clinical lead. They felt informed about changes and were pleased that they were being involved in audit work regarding the phone system.

### Continuous improvement and innovation

**There were systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

### Examples of continuous learning and improvement

- The practice invited consultants from a local hospital to provide clinical training. Staff were involved in deciding which training subjects should be booked including the nursing team.
- A new system for monitoring patients on high risk medicines had been introduced. We saw that this included frequent reviews of patients who required blood tests to ensure they were undertaken when necessary.
- A new review system for all patients on repeat medications had been implemented which reduced the risk of patients on more than one medication have some medicines reviewed and not others. A clinical pharmacist supported GPs in reviewing repeat medications. Protected time was allocated for the clinical director to review any complex medication reviews on a weekly basis.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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.