

# Care Quality Commission

## Inspection Evidence Table

### The Grange (1-499175563)

Inspection date: 19 April 2018

Date of data download: 11 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented, and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated, reviewed, and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients.	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

<b>Recruitment Systems</b>	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums, and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place.	Yes
Explanation of any 'No' answers:	

<b>Safety Records</b>	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 23 January 2018
There was a record of equipment calibration Date of last calibration:	Yes 22 June 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals-	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 2 November 2016.
Actions were identified and completed.	Yes
Additional observations:	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 4 April 2018
Health and safety risk assessment and actions Date of last assessment:	Yes 4 April 2018
Additional comments: Other risk assessments in place included: <ul style="list-style-type: none"> <li>• A risk assessment for Asbestos dated November 2016</li> <li>• A member of staff was a trained first aider at work.</li> <li>• Legionella was safely managed and one of the management team had been trained to do this. An appropriately trained contracted external body attended the practice regularly to service and check the water supplies to ensure they were safe. (Legionella is a term for a particular bacterium which can contaminate water</li> </ul>	

systems in buildings).	
------------------------	--

<p><b>Infection control</b></p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified.</p> <p>Detail:</p> <p>We saw the practice was clean and tidy and had recently been re decorated.</p> <ul style="list-style-type: none"> <li>• The practice used a GP self-audit tool to undertake an annual infection prevention and control audit. The overall score for March 2018 was 97% and this was an improvement on the previous audit June 2017 which scored 89%.</li> <li>• Actions included that one room had carpet floor covering; this was highlighted as an action to be replaced when a refurbishment of the practice was completed. However, there was a clear cleaning schedule in place until this happened. Other actions had been completed or were in the process of being actioned.</li> </ul>	<p>Yes</p> <p>1 March 2018</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

**Any additional evidence**

**Risks to patients**

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers:	

## Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes*
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> <li>*We found that some care records for patients who maybe experiencing poor mental health needed improving to ensure that the information was complete, cohesive, and easily available for information sharing.</li> </ul>	

## Safe and appropriate 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)(NHSBSA)	1.20	1.05	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	10.2%	12.2%	8.9%	Comparable to other practices

## Medicine Management

The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate, and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations, and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
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	Yes

these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For prescribing from telephone consultations there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

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

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	31
Number of events that required action	Eight

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

Event	Specific action taken
Patient received the incorrect dose of medicine.	The practice contacted the hospital for advice on amending the dose. Additional labels were added to the patient medicine alerting to staff the need for more than one ampule to be used. Patient contacted and reviewed.
Patient identified to be on a medicine that could increase the risk of a gastric bleed for long time.	Practice reviewed and discussed with patient, patient was on appropriate medicine to cover this, search undertaken of all patients taking this medicine. No other patient identified on any dose above the recommended dose as in the British national formulary.
Patient medicines did not reconcile with hospital discharge letter. Identified as hospital error.	Hospital contacted to alert them to the error. Medicines amended and patient reviewed.

## Safety Alerts

There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

Comments on systems in place:

Practice pharmacists managed these and held a comprehensive log of the alert received and actions taken. The practice ran appropriate searches regularly. We reviewed three alerts and found all appropriate actions had been taken.

## Any additional evidence

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	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). (01/07/2016 to 30/06/2017) (NHSBSA)	1.54	0.98	0.90	Comparable to other practices

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 (01/04/2016 to 31/03/2017) (QOF)	64.9%	80.2%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions) 2.6% (4)	CCG Exception rate 14.9%	England Exception rate 12.4%	
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 (01/04/2016 to 31/03/2017) (QOF)	55.5%	74.8%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions) 3.9% (6)	CCG Exception rate 11.3%	England Exception rate 9.3%	
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 (01/04/2016 to 31/03/2017) (QOF)	73.3%	79.9%	80.1%	Comparable to other practices
QOF Exceptions	3.9% (6)	15.3%	13.3%	

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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	78.4%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (4)	8.6%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	76.6%	91.4%	90.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (1)	13.2%	11.4%	
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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	74.1%	82.5%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (11)	4.2%	4.0%	
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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	72.0%	87.8%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.2%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	46	47	97.9%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	43	45	95.6%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	43	45	95.6%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	42	45	93.3%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	65.1%	71.2%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.8%	74.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	53.3%	57.0%	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)	40.0%	63.2%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	90.9%	91.7%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0 (0)	13.4%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	77.3%	92.1%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0 (0)	11.8%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	76.9%	86.4%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	23.5% (4)	7.9%	6.8%	

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QOF score (out of maximum 559)	494	541	539
Overall QOF exception reporting	3.4%	6.3%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, HCA, pharmacists and non clinical staff.	Yes
<p>If no please explain below:</p> <p>Any further comments or notable training.</p> <ul style="list-style-type: none"> <li>The practice had promoted a non clinical staff to be a team leader for the reception team. Reception staff we spoke told us this had been positive and that changes and better communication had resulted from this. For example, the team leader attended all the meetings including some clinical meetings and ensured that all relevant information and learning was shared. Reception team members also told us that they will be having care navigation training to ensure that patients see the appropriate person in a timely manner.</li> <li>The management and nursing staff shared with us their plans to support and provide education in house and formal qualification for the nurses to increase the nurse led clinics for managing patients with long term conditions. The health care assistant was being supported by the nursing team to undertake additional tasks such as influenza injections.</li> </ul>	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <b>(01/04/2016 to 31/03/2017)</b> (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	97.4%	95.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (3)	0.9%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	57.1%	60.6%	51.6%	Comparable to other practices

## Any additional evidence

The practice showed evidence of sustained performance and used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2016/2017) showed the practice scored 88% of the total number of points available. This was 7% below the CCG average and national average. The overall clinical exception reporting rate was 5% which was below with the CCG average of 11% and national average of 10% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The overall performance had improved from 73% in 2015/2016 and the exception rate had decreased from 16%. The practice shared with us their unverified data for the year 2017/2018 (completed year), this showed a further improvement with an overall score of 97% and exception reporting rate of 7%

The practice told us that the successful recruitment and retention of the nursing team and the improved management structure had led to these improvements. Key staff non clinical had been identified to monitor performance ensuring patients were called in for regular checks in a timely manner.

Data from 2016/2017 showed that the practice performance in relations to patients with diabetes in some

indicators was below the CCG and national average but performance shared from the unverified data showed that these areas had improved. For example,

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 65%; this was below the CCG and national average of average of 80%. Unverified data showed the practice performance had improved to 73%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 56% which was lower than the CCG average of 75% and the national average of 78%. Unverified data showed the practice performance had improved to 70%.
- 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 was 77% which was lower than the CCG average of 91% and the national average of 90%. Unverified data showed the practice performance had improved to 96%.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	24
Number of CQC comments received which were positive about the service	23
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>We received positive comments from three patients we spoke with and from 23 of the 24 comments cards, which included comments on the 'excellent service' and that staff treated patients with kindness. Other comments included 'the practice had improved over the past 12 months the atmosphere is less stressed', 'I was able to see a GP the same day and was given very good care'.</p> <p>The one negative feedback was in relation to not seeing the same GP. There were two comments on NHS choices, one of which was very positive about access and the care given and one negative about the staff.</p>

### National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
2,862	346	12%	126	36.42%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	67.0%	81.8%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	73.4%	89.6%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you	89.5%	95.5%	95.5%	Comparable to other practices

saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	72.4%	86.4%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	86.7%	92.0%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	86.1%	91.3%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises No

Date of exercise	Summary of results
	<p>The practice discussed with patient participation group (PPG) about undertaking another patient survey. The PPG had completed a patient survey in October 2016 but felt that as results were now generally in line with other practices this was not necessary at this time. The practice management team had undertaken a review of the last national patient survey results and had an action plan in place for areas that were still below the national average. For example, the practice had ensured that regular locum staff were used; both comment cards and patients we spoke with told us that this had improved the involvement they had in making decisions about their care.</p> <p>The practice encouraged patient feedback and information about how to do this was in several different languages in the waiting room.</p>

Any additional evidence

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with three patients who gave examples of being involved in their care and treatment decisions. They reported they had seen improvements over the past 12 months as a result of a more stable workforce. They reported that the practice was more proactive with arranging reviews, including those for medicines.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	71.6%	86.7%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	67.6%	82.4%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86.1%	90.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.9%	85.5%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes-language line was consistently used when needed.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes- some of these, for example mental health support groups and carer information, were available in other languages.

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 32 patients as carers; this was 1.1% of the practice population. The practice had a process to ensure the register was kept up to date.
How the practice supports carer	The practice had good information on local support groups and actively supported regular coffee mornings for patients and their carers. There were other activities available such as a lunch club. Practice staff told us they knew their patients very well and were aware of those who may need help and support.
How the practice supports recently bereaved patients	The practice had a system to ensure that all bereaved patients were contacted by the GP and appointments or home visits arranged to suit the patient. The practice ensured that all deaths were discussed at a clinical meeting to ensure bereaved patients and relatives were supported and sign posted to support agencies.

## Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was an area of the practice where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and phone calls were managed discreetly.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Staff	A distressed patient was taken to a separate room to wait to see the nurse rather than being left to wait in the practice waiting area.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	9am to 6.30pm
Tuesday	9am to 6.30pm
Wednesday	9am to 6.30pm
Thursday	9am to 6.30pm
Friday	9am to 6.30pm
<p><b>There was a duty doctor available from 8am however, due to restrictions from the city council the practice was not allowed to open before 9am or after 6.30pm</b></p>	

Appointments available	
	Appointments were available with a GP or an advanced nurse practitioner generally from 9am to 11.30am and from 3pm to 5pm daily.
Extended hours opening	
	Patients were able to book evening and weekend appointments with a GP or nurses and phlebotomists at the GP hub provided through the Greater Peterborough Network.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>All requests for home visits were assessed by the duty doctor to ensure that those that required urgent treatment were prioritised. Reception staff told us they had easy access to GPs for advice and support should they need it.</p>	

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	65.7%	80.5%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	74.6%	75.1%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	73.1%	79.0%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	73.8%	75.9%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
For example, patients we spoke	The patients we spoke with told us that they were always able to book appointments in advance and had always been appointments on the same day if needed. One patient told us that they had seen the GP late on afternoon and the GP booked a follow up appointment the next morning to review their condition.

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.  
Yes

Information was available to help patients understand the complaints system. Yes

<b>Complaints</b>	
Number of complaints received in the last year.	Five
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
<b>Additional comments:</b>	
The practice told us that the number of negative feedback had reduced as a result of the better communication and more proactive work they had put into place. For example, the system to manage repeat prescriptions had been improved and this had resulted in staff being able to help and advice patients more quickly and with more accurate information. Patients we spoke with confirmed this.	

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
The practice vision is to offer high standard of patient centre care. All staff we spoke with understood and agreed with this vision.

### Culture

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

Source	Feedback
Staff	Staff we spoke with told us that over the past 12 months their enjoyment of working at the practice had increased. Staff reported that the morale within the team was high and that all staff were approachable. Staff commented that the culture was positive.
Staff	Staff explained to us that they were fully involved in the meetings and the developments of the practice. They reported that they felt as valued as other members of the team and their opinion counted.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	The system and process to manage repeat prescriptions had changed. All requests that required a review or had reached the maximum number of issues were passed to a GP for approval. There was a clear audit trail and the staff had been involved in the changes to the system and boundaries and responsibilities were clear. Staff we spoke with told us they felt they were delivering a safer and more effective service for patients and when investigating concerns from patients they were able to identify delays or clinical comments and respond appropriately promptly.
Staff	Feedback from staff had resulted in the practice reorganising and de cluttering the rooms. This had a positive effect on the infection control and prevention with the practice.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Complaint	The practice had discussed the behaviour of a staff member with a patient and, as a result, had given an apology.
Complaint	An error relating to the medicine reconciliation from a hospital discharge summary had been fully discussed with the patient and the hospital.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	A staff member identified a concern relating to the dose of a medicine a patient was taking. The practice spoke with the patient and sought advice from the consultant. The patient was fully informed.
All staff	All staff we spoke with had raised various concerns relating to the improvements needed as identified in the previous CQC reports. The practice had listened and where possible involved the staff in changes. Staff we spoke with told us the management team had been open about the shortcoming and they had been engaged in all the changes made.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	The practice provided refreshments such as pizzas when staff attended meetings that were held in the evening.
Risk assessments	There was a health and safety risk assessment in place.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Training	Staff were trained in equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
Regulation	The practice had had four previous inspections and had been under a programme of continuous improvement. The practice had been rated as inadequate and had been in special measures. The practice was aware of the work still to do to ensure sustainability.

Examples of service developments implemented in past 2 years

Development area	Impact
Nurse led clinics for Long term conditions	This is to ensure patients with long term conditions continue to have reviews appropriately and in a timely manner.
Recruitment of clinical staff	Recruitment of clinical staff enhancing the opportunities for skill mix with strong governance unpinning the work.

### Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
--	-----

## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

	Method	Impact
Patients	Patient participation group, comments box in reception.	The practice took on board suggestions from the PPG and made changes as a result. For example, with the support of PPG members, the practice was re decorated.
Staff	Regular meetings	High staff morale. Staff engaged with concerns raised and changes proposed as a result.
External partners	Communication with the CCG regularly	The practice was active in their joint working with the CCG and was involved in pilots projects such as the care navigation and with two other practices is a testbed practice. A testbed practice has received funding to lead on improvements in primary care.

### Feedback from Patient Participation Group;

#### Feedback

The members of the PPG we spoke with were proud to be patients at the practice. They had worked with the practice to help further improvements and reflected that many of the changes had been positive.

### Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
The group were working hard to encourage patients whose culture may make it more difficult to access health care to join the PPG and promote changes. For example, they suggested it may be useful to hold women only clinics at a certain time of the day.	This was work in progress.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Upskilling members of staff	The practice could demonstrate they actively encouraged improvement. The practice were keen to upskill staff where possible and had supported staff through further nurse training and health care assistant training. A non-clinical member of the team had been upskilled and promoted to be a team leader. Staff we spoke with told us that this had a positive effect on their moral and wellbeing.
Use of technology	The practice had increased and was developing further the use of web calls. This enabled staff from other practices or staff who were not in the

building to join the calls/meetings. This had shown a positive increase in communication to share and learn from information to all staff.

## Any additional evidence

### 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>