

Care Quality Commission

Inspection Evidence Table

Summerhill Surgery (1-4525197916)

Inspection date: 8 May 2018

Date of data download: 01 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and 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
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Additional information	
<ul style="list-style-type: none">The practice nurse was undertaking additional training to conduct triage assessments as part of her personal development and aligned to the practices business plan.All members of the practice nursing team had undertaken chaperone training including a few members of the reception team. All staff had undertaken appropriate DBS checks.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current 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 require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 11/01/18
There was a record of equipment calibration Date of last calibration:	Y 11/01/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y May 2018
Additional information Practice staff had received fire training and the practice had scheduled refresher training for all staff to be conducted during May 2018. The practice had also asked staff to register their interest in being a fire marshal to ensure suitable cover during staff absences.	
Health and safety Premises/security risk assessment? Date of last assessment:	Partial
Health and safety risk assessment and actions Date of last assessment:	Partial
Additional comments:	

- The practice conducted daily visual inspections of the building and premises, but these were not consistently recorded and there was no overarching environmental assessment of the premises. However, when risks were identified these were appropriately reported and resolved in a timely and appropriate manner. The practice were formalising their risk assessment to demonstrate greater accountability.
- The practice manager was the practice lead for Health and Safety. A health and safety law poster was displayed in accordance with the Health and Safety information for Employees Regulations 1989.

Infection control	Y/N
Risk assessment and policy in place	Y
Date of last infection control audit:	11/2017
The provider acted on any issues identified	
Detail: The practice had a comprehensive action plan identified high, medium and low risk areas for improvement and provided timeframes for review and completion of actions.	
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
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.	Y

Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had 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

Safe and appropriate use of medicines

There was no national verified data on medicine management that can be solely attributable to the provider's performance as they registering with the Care Quality Commission in November 2017.

Medicine Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to 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.	Seven
Number of events that required action	Seven

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

Event	Specific action taken
Medicine management	The practice had conducted a timely and comprehensive investigation. They had identified learning and shared this with the practice team. This had resulted in the defining or systems and implementation of new channels of communication between designated parties specifically relating to the shared care of patient on high risk medicines.
Medicine management	Incorrect dispensing by the Pharmacy
Management of clinical results	Revised clinical protocol to ensure suitable cover when abnormal results are received for actioning at short notice.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
We conducted a number of searches of the practice clinical record system. These showed the practice had actioned medicine alerts in a timely and appropriate manner.	

Effective

Effective needs assessment, care and treatment

There was no QOF data available solely relating to the registered provider. The provider registered in November 2017 and there has not been 12 months of data.

Immunisation and cancer data is not available for the practice due to being in existence for less than 12 months.

Monitoring care and treatment

The practice had no QOF data available for the period they had been registered.

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.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. Although no new staff had been appointed under the new registration.	Y
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.	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

Helping patients to live healthier lives

Description of how the practice monitors that consent is sought appropriately
Consent is obtained for surgical procedures and documented on the clinical system.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	Five
Number of CQC comments received which were positive about the service	Two
Number of comments cards received which were mixed about the service	Three
Number of CQC comments received which were negative about the service	NA

Examples of feedback received:

Source	Feedback
Care Quality Commission comment cards	Patients commented on the front desk reception team being helpful and caring. They told us staff treated them with kindness, dignity, respect and compassion. They found the practice to be clean and safe.
Conversations with patients	The Patient Participation Group substantiated the comments made by patients. They told us staff were professional and always made time to listen to them and showed them kindness. They told us the surgery accommodated emergency appointments on the day.
Conversations with the practice Patient Participation Group	

National GP Survey results

There is no national patient survey data for this provider as they recently registered with the Care Quality Commission in November 2017. The previous national GP patient survey was conducted in between January and March 2017.

Question	Y/N
The practice had conducted their own patient survey and patient feedback exercises.	Y

Any additional evidence

- The practice utilised IPALATO a system that texts patients following their clinical consultation asking them for feedback on their experience. The practice had received 475 responses since January 2018.
- Seventy seven percent of respondents reported being extremely likely or likely to recommend the service to a friend or family. Nine percent of respondents stated they were neither likely nor unlikely to recommend the service. Eleven percent of respondents stated they were unlikely or

extremely unlikely to recommend the service. One percent of respondents did not know if they would recommend the service or not.

- The practice also encouraged patients to participate in the NHS Friends and Family feedback. However they reported poor response levels.
- The practice monitored external systems such as NHS Choices and social media to identify and respond to concerns and trends.
- The practice also promotes the Friends and Family Test data. Poor response levels.

Question	Y/N
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 easy read format.	Refer to notes
Information about support groups was available on the practice website.	Y
Additional information: The practice provided patients with information in appropriate forms on request.	

Carers	Narrative
Percentage and number of carers identified	The practice had identified 89 carers of their clinical system.
How the practice supports carers	<ul style="list-style-type: none"> • The practice informs carers of available services that may be beneficial to them e.g. immunisations and signposting tertiary (voluntary) provision within their community. Such services provided respite care, befriending and practice support. • The practice held a "tea and cake afternoon" whereby they invited local voluntary services to the practice to signpost and support patients to access complementary community support services. The event was well attended by community services and over 30 patients. Further events of a similar nature were proposed for the future.
How the practice supports recently bereaved patients	<ul style="list-style-type: none"> • All staff received an email notifying them of recent patient bereavements. Sympathy cards were sent to bereaved families from the clinician responsible for their deceased patients care. The practice prioritised recently bereaved patients providing them with priority access to appointments.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	<ul style="list-style-type: none"> • Three of the five receptions had been trained in the General Data Protection Regulations (2018), the new data protection regulations to be implemented in May 2018. • Staff had access to appropriate facilities to discuss confidential concerns with patients and their families. • Staff confirmed patients identities and referred to them by date of births to mitigate identification error and maintain patient confidentiality.

Question	Y/N
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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	07:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30

Additional information

- The practice told us some patients had reported difficulties contacting the service on the telephone. They explained there were four telephone lines into the practice and external calls are diverted between them.
- The practice provides between 30/40 daily appointments available for patients. They operated extended opening hours on a Wednesday morning between 7am and 8am providing both GP and nurse appointments. Patients were able to book appointments up to one month in advance. In addition to the pre-bookable appointments there were emergency appointments available on the day. Once all appointments had been allocated the patient's names was placed on a triage list for assessment by a clinicians that day. In addition to the daily triage calls with patients the practice also had established and effective systems for responding to administrative enquiries such as the authorising of fitness to work certificate or confirmation of referrals and test results.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
On receipt of a home visit request from a patient an initial assessment was conducted by a clinician. The clinician would then determine the urgency of the request and attend in person or request alternative services for the patient. We checked clinical records and confirmed home visits were conducted. These were documented on the clinical system.	

Timely access to the service

Examples of feedback received from patients:

Source	Feedback
Care Quality Commission patient comment cards	Patients told us the reception team were consistently professional and helpful. They listened to patients and accommodated urgent requests for appointments on the day.

Listening and learning from complaints received

Question	Y/N
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The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	12
Number of complaints we examined	Six
Number of complaints we examined that were satisfactorily handled in a timely way	Six
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice maintained timely and comprehensive records of complaints including actions taken such as clinical input and specialist advice when required.	

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

Staff had confidence in the management of the practice, namely the lead GP and practice manager. The Patient Participation Group spoke highly of the lead GP. However, the practice had not recognised that they were a new legal entity.

Vision and strategy

Practice Vision and values

The practice had a clear vision but spoke of their challenges to respond to increasing patient demand and growing expectations of the service. This was further compounded by the difficulties experienced by the practice to attract salaried GPs/a GP partner. However, they had adopted a pragmatic response to the difficulties and developed training and development plans for members of the nursing team to alleviate some of the clinical burden placed on the GPs.

Culture

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

Source	Feedback
Conversations with staff	Staff told us they liked coming to work at the practice they felt supported and valued by the practice management. They appreciated the support and kindly of their colleagues and cared about the service patients received.
Conversations and photographs	The practice arranged social events for their staff such as at Christmas and ad hoc.

The practice's speaking up policies is in line with the NHSI National Raising Issues Policy.	Y
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Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Conversations with staff	Staff were informed of legal entitlements such as sight tests in accordance with Health and Safety (display screen equipment) Regulations 1991 if they are using monitors for an extended period of time.
Conversations with staff	Work station assessments were conducted for all staff. Staff told us they had suitable equipment including adjustable chairs and headsets to mitigate risks to a staff member's well-being.

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

Source	Example
Conversations with staff	The practice promoted and supported staff to work flexible hours to support personal circumstances and business needs.

Examples of actions to improve quality in past 2 years – This is not applicable as the practice is a new registration from November 2017.

Examples of service developments implemented in past 2 years – This is not applicable as the practice is a new registration from November 2017.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Processes and procedures had been revised in response to risks identified through inspection and internal audit such as the infection control audit.
Practice specific policies	These were scheduled for periodically review to ensure they are reflective of best practice.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Training of staff	The practice had identified staff would benefit from additional training in infection control and had scheduled and conducted this with staff.
Environment risk assessment	The practice did not have a comprehensive environmental risk assessment in place but conducted regular visual checks and reported and resolved concerns in a timely and appropriate manner. The practice told us they were formalising the process.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	In person, social media, NHS choices	The practice spoke with patients in person regarding concerns. The recorded, investigated and resolved issues reflecting on learning and embedding processes to mitigate their re-occurrence.
Public	In person, social media, NHS choices	The practice actively monitored and responded to public opinion.
Staff	In person, group events, team meetings	The practice management team spoke to staff daily and in regular team meetings and were regarded as approachable. Staff spoke positively about the lead GP and practice manager's leadership style.
External partners	In person, via representatives on their CCG	The practice told us of their supportive and open working relationship with their Clinical Commissioning Group and neighbouring practices. For example, the practice was working with other practices to jointly commission shared services for their patients such as a clinical pharmacist and community matron.

Feedback from Patient Participation Group;

Feedback
The Patient Participation Group spoke highly of their personal experiences of the practice and particularly the care and support they had received from the lead GP. There had been no meetings scheduled or held with the PPG. The PPG had not been provided with terms of reference to explain their role and responsibilities. They welcomed clearer guidance from the practice and the opportunity to support the practice to improve services and deliver measurable outcomes.

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

Examples	Impact
Open day 2018	The practice held a "tea and cake afternoon" whereby they invited local voluntary services to the practice to signpost and support patients to access complementary community support services. The event was well attended by community services and over 30 patients. Further events of a similar nature were proposed for the future.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Joint working with neighbouring practices	The practice worked with other local practices to secure funding for joint clinical roles, namely a clinical pharmacist and a community matron.

Commented [FM1]:

Commented [FM2]:

Commented [FM3R2]: This entry relates to the should within the report letter. It shows the practice needs to invest and improve their relationship with the PPG. As the practice is a new registration they have limited evidence of engagem

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Clinical	<ul style="list-style-type: none"><li data-bbox="209 539 1074 719">• The practice had conducted one clinical audit in December 2017 relating to patient bone density whilst receiving specified medicines. The clinical audit had reviewed the care provided to 17 patients on the stated medicine. The audit concluded the treatment of the patients to be appropriate and had contributed to patient's long term survival from life threatening conditions. It proposed additional supplementary treatment options to improve the patient's health and mitigate potential detrimental effects of medicines.<li data-bbox="209 719 1074 873">• The practice also presented four additional clinical documents relating to chronic kidney disease, Digoxin, Hypothyroidism and Novel Anti-coagulants. These documents detailed the standards of care required and clinical data but contained no narrative assessment of the information such as judgements as to whether the care was safe or effective, outcomes for the patient or recommendations for improvements.