

Care Quality Commission

Inspection Evidence Table

Littlebury Medical Centre (1-554699752)

Inspection date: 5 April 2018

Date of data download: 04 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 all staff.	No
Policies were in place covering adult and child safeguarding. They were updated and 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
Explanation of any 'No' answers: On the day of the inspection we could not establish if the practice had an effective system in place to safeguard service users from abuse and improper treatment. There was a lead GP for safeguarding but he did not have an overarching view. Risk register was in place but icons/alerts were not in place for all family members. Two staff who had been employed for a number of years did not have DBS checks. Following the inspection the practice told us they had a safeguarding file and relevant policies for staff to refer to.	

Recruitment Systems

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
<p>Explanation of any Yes * or 'No' answers:</p> <ul style="list-style-type: none"> • Staff vaccination was maintained in line with PHE guidance but the details had not been updated. We checked the GPs and nursing team and vaccinations were in place. • Whilst the practice had a system to check registration of clinical staff it was not correct on the day of the inspection. A discussion took place and it was updated by the end of the day. 	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test:	Yes – 4 October 2017
There was a record of equipment calibration	Yes 4 October 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	Yes*
Actions were identified and completed.	No
Additional comments: Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals. These were carried out by the external cleaner company. A fire safety policy was in place but it did not provide enough guidance to staff. An external company visit on an annual basis to carry out checks on all firefighting equipment supplied by them and provide a certificate at each visit. We were told that visual checks of the fire extinguishers by practice staff took place but were not recorded. Fire risk assessment had been carried out by the practice but it was part of a risk assessment on the whole building. We found it was not detailed enough and did not cover all the areas required. Since the inspection the practice have had an external company carry out a fire risk assessment and actions have been identified. The general risk assessment for the whole building did not include any actions.	Yes

Health and safety Premises/security risk assessment? Date of last assessment:	Yes 11 th January 2018
Health and safety risk assessment and actions	Yes 11 th Jan 2018
Additional comments: On the day of the inspection the practice did not have a legionella risk assessment. No water temperature monitoring had taken place. Since the inspection the practice have had an external company carry out a legionella risk assessment and actions have been identified. The practice kept an accident book and the last one recorded was 25/01/2018	

<p>Infection control</p> <p>Risk assessment in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p>	<p>Yes December 2017</p> <p>No</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p> <p>The practice did not have an infection control risk assessment in place.</p> <p>The provider had acted on most of the results from the infection control audit. As there was no action plan put in place after the audit it was difficult for the practice to evidence what was outstanding.</p>	

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	No
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.	No
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.	No
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: The practice had a mixed record on safety as not all risks were assessed and well managed. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. However on the day of the inspection we did not see any information for patients and staff and no evidence that staff had received any sepsis awareness training. The management team took action on the day of the inspection and provided staff with information about sepsis and since the inspection the practice have told us that training was provided to all staff in regard to sepsis awareness.	

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
Explanation of any 'No' answers:	

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)	1.38	1.20	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)	15.2%	10.2%	8.9%	Variation (negative)

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.	No
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 these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing 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 No
Medicines that required refrigeration were appropriately stored, monitored and	Yes*

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any 'Yes * or No' answers:

Prescription stationary used in the printers were removed and stored safely but the practice did not have a log of which room the stationary was allocated to.

Emergency medicines were in place however we found that there were gaps in the checking of these medicines. The practice did not have a risk assessment to determine the range of medicines held.

The monitoring of the temperatures in the dispensary refrigerator took place on a daily basis but when the temperature was out of the recommended range no appropriate actions were taken.

Controlled drugs stock checks were carried out but not weekly as per the practice standard operating procedure. We found there were gaps in the checking of emergency equipment and medicines

Since the inspection the practice have sent us information that the staff at the practice attended a meeting on 22 November 2017 on the effective antimicrobial prescribing.

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	No
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	No
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	N/A N/A
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	No
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Explanation of any 'No' answers:</p> <p>It was difficult to evidence that the GP responsible provided effective leadership. The current building meant that the dispensary was not in a separate area. We were told that once the building work had been completed the dispensary would be in a separate room. Vulnerable and housebound patients benefitted from a regular delivery service for their medicines, however, the practice had not assessed the risks related to this.</p> <p>Prescriptions were not routinely signed by a GP prior to patients collecting medicines which fell outside current guidance. We spoke with the management team who immediately reviewed the process to ensure prescriptions were signed before they were issued.</p>	

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.	5
Number of events that required action	4

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

Event	Specific action taken
Bloods had been taken and sent with the wrong name on the form.	Discussed at a team meeting. Agreed that the process was effective but human error had occurred. Patient had been contacted and asked to have their blood retaken. Staff reminded to double check name and date of birth in future.
Patient added to triage list with problem to their leg. Confusion over who had spoken to patient. Patient had not received a call on the day. Patient called the next day.	A review of this event had taken place. Management team had agreed going forward that the duty doctor must check each day that all patients had been spoken to before the surgery closes for the day.
Significant event involved two patients who had not been coded as pregnant on the patient record system. This could have led to missed recall for immunisations.	Practice had reviewed the significant event and the potential risk. Demonstration of appropriate template on the patient clinical record to ensure that this did not happen again.
Patient seen in secondary care and letter sent to the practice. Letter scanned and reviewed by GP but not sent to the dispensary for medicine changes.	The practice reviewed the risk and noted patient could have been harmed if medication was not changed. Staff reminded to check and send onto the dispensary where appropriate. Random checks of letters now carried out but no formal audit.

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 leaders did not have complete oversight of national and local safety alerts. A system was in place where all safety alerts were put added to a spreadsheet Relevant alerts were sent to staff and we found one example where these had not been actioned. Not all staff were aware of the relevant alerts to the practice and where they needed to take action.

Any additional evidence

The dispensary did not have a log of near misses. Since the inspection the practice have told us near misses are recorded in the same book as the dispensing errors

No dispensary meetings took place.

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)	1.78	1.16	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)	67.1%	83.7%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (6)	12.2%	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)	74.0%	82.4%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (19)	8.1%	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%	85.6%	80.1%	Comparable to other practices
QoF Exceptions	8.4% (38)	13.8%	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. (01/04/2016 to 31/03/2017) (QoF)	79.2%	78.5%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (7)	3.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	94.3%	92.1%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (5)	6.4%	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 (01/04/2016 to 31/03/2017) (QoF)	84.4%	85.2%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (27)	2.8%	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. (01/04/2016 to 31/03/2017) (QoF)	99.1%	92.1%	88.4%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.7% (17)	7.9%	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. (01/04/2016 to 31/03/2017) (NHS England)	55	57	96.5%	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) (01/04/2016 to 31/03/2017) (NHS England)	71	77	92.2%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	71	77	92.2%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	73	77	94.8%	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 (01/04/2016 to 31/03/2017) (Public Health England)	72.8%	78.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.7%	78.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	59.2%	60.5%	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)	42.0%	77.2%	71.2%	N/A

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QoF)	100.0%	94.2%	90.3%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (1)	11.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	97.4%	94.3%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (1)	9.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	100.0%	84.8%	83.7%	Significant Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (7)	4.1%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	544	553	539
Overall QoF exception reporting	3.6%	4.4%	5.7%
Additional Comments			
On the day of the inspection the practice showed us the unverified QoF results for the end of the 2017/18 which demonstrated an improvement across all areas.			

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.	No
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>The practice manager had not received an appraisal in the last four years.</p> <p>There was no clinical supervision for those staff that carried out triage.</p> <p>Any further comments or notable training.</p> <p>The practice could demonstrate they developed the skills of staff, however there was no documentary evidence on training provided by external providers, for example, basic life support, safeguarding, immunisations and vaccinations, sepsis awareness and triage training.</p> <p>Since the inspection the practice have sent us certificates of attendances for Minor Illness Training that was completed by two nurses from 18 and 20 April 2018.</p>	

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 (01/04/2016 to 31/03/2017) (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 (01/04/2016 to 31/03/2017) (QOF)	95.9%	96.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (6)	0.5%	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) (01/04/2016 to 31/03/2017) (PHE)	33.3%	52.5%	51.6%	Comparable to other practices

Any additional evidence

We noted in the QOF data that the practice scores for Diabetes were below CCG and national averages but we could not see where the management team had reviewed this and put actions in place to make improvements.

On the day of the inspection the practice showed us the unverified QOF results for the end of the 2017/18 which demonstrated an improvement across all areas.

At this inspection we found that the practice did not have a programme of continuous audits to monitor quality and to make improvements. They had limited evidence to demonstrate continuous improvements to patient outcomes or any action plans put in place to monitor implementation of any recommendations.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	14
Number of CQC comments received which were positive about the service	14
Number of comments cards received which were mixed about the service	0
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>Patients who completed CQC comments cards were very positive about the care and treatment received. Staff were caring, respectful and understanding and provided a good service.</p> <p>We noted that the practice had received comments on NHS Choices which had not been responded to.</p> <p>We spoke with the practice who told us that they were experiencing difficulties in added a response and were in contact with them to ask for access to enable them to respond.</p> <p>Data we looked at in relation to NHS Family and Friends (FFT) told us that most patients who completed them would recommend the practice to others.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,745	220	(Surveys sent divided by Practice population) x 100	110	50.00%

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)	73.7%	83.6%	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)	82.7%	89.3%	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 saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	90.5%	95.5%	95.5%	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 GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	74.8%	85.8%	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)	93.6%	91.1%	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)	92.7%	90.6%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results

Any additional evidence
<p>We found there was limited actions in place to improve patient satisfaction in relation to the national patient survey. The practice were aware of the data and had an action plan in place but it did not cover the questions in relation to access, care and treatment. Since the inspection the practice have told us that the triage system put in place in April 2017 was to cover all the areas highlighted in the national GP survey that were below CCG and national average.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Care Homes	Care Homes we spoke with were positive about the care and treatment received by the service users registered at the practice. The practice carried out home visits when requested. They would like more frequent medication reviews.

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 (01/01/2017 to 31/03/2017) (GPPS)	79.6%	86.8%	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 (01/01/2017 to 31/03/2017) (GPPS)	74.3%	82.9%	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 (01/01/2017 to 31/03/2017) (GPPS)	91.6%	89.2%	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 (01/01/2017 to 31/03/2017) (GPPS)	87.5%	84.3%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes

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

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 85 carers. This was 1.2% of the practice population.
How the practice supports carers	The practice offered to refer carers to local support groups and was undertaking a carer's quality award to further enhance the support they offered to carers.
How the practice supports recently bereaved patients	The practice did not have a protocol for guidance to staff on recently bereaved relatives but there was information in the waiting room of a support group.

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	Due to the current layout of reception the practice had difficulty in ensuring confidentiality at the reception desk. There were able to offer the use of a private area for staff to speak to patients in private.

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:

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-19:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30

[Appointments available	
	The practice operated a triage system in which each patient contacted the surgery and were put on a list for a callback. Appointments were available on the day.
Extended hours opening	
	The practice offered extended hours on a Monday from 6.30pm until 7.30pm.

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>The practice operated a total triage system so that patients can be seen or called back for acute or routine issues on the day of their call. Prior to this new system an impact audit had been carried out and the practice found that patients had to wait on average between 79 and 135 minutes to receive a call back from the GP.</p> <p>Since the new system had been put in place the waiting time had been reduced to 36 minutes.</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)	79.0%	79.3%	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)	73.4%	74.3%	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)	78.4%	79.9%	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)	73.3%	77.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The practice had recognised some of the lower areas of achievement within the survey and had implemented actions as a result. For example, the practice had meeting with their phone provider to improve the system. An action plan was in place. In response to patients not finding it easy to get through by phone , the practice had put in a new telephone system calls had been monitored and a further three telephone lines had been put in to reduce the amount time patients had to wait to speak to the reception team.

Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	yes
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The complaints policy and procedures were in line with recognised guidance and contractual obligations. All responses demonstrated duty candour. Complaints were a standing agenda item on staff meeting minutes we reviewed. The practice carried out an annual review of complaints on the primary care web tool.</p> <p>The practice also had a folder which had compliments received from patients and their families.</p>	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
Littlebury Medical Centre had a vision to practice truly patient-centred care where what is important to the patient is fundamental to any decision making. The practice will treat all patients fairly and without discrimination or prejudice.

Culture

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

Source	Feedback
Staff	Many staff had worked for the practice for a long period of time and staff turnover was low.
Staff	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable.

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

Source	Example
Patient	A patient had been waiting for an urgent referral to secondary care. When the patient had not had a response they contacted the practice. The referral had not been made as it had been deleted so the practice apologised and now carry out a monthly search to ensure that all referrals are made in a timely manner and any deleted tasks are checked to ensure all work has been completed.

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

Source	Example
Staff	The practice had a staff welfare fund in place. Staff were able to ask for cash support if they experienced an unexpected financial situation which would be paid back at a rate the staff member could afford

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
Patient's Health	Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Monthly searches of the patient electronic record system were carried out to find out if any patients required ongoing monitoring, regular blood tests and reviews.

Examples of service developments implemented in past 2 years

Development area	Impact
Triage system	The practice had put in place a telephone triage system. Reception staff took the initial phone call from a patient and were then put on a list for either a GP or a practice nurse to call a patient back to assess their problem and determine the best course of action.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	PPG	The PPG had set up an outreach group called Here4U. It was originally established for carers of patients with dementia so that these people could meet with others in similar situations. This had been extended and anyone who was a carer and the person they care for could attend. They ran a number of activities which included computer literacy classes, cookery and jigsaw making.
Staff	annual appraisals,	Appropriate training identified by staff has been provided.
External partners	Communication with the CCG	External partners reported positively on communication with the practice.

Feedback from Patient Participation Group;

Feedback

The PPG meet regularly at the surgery with the Practice Manager and share information. It acts as a critical friend and asks about progress towards any points that need improving. We feel the appointment system has improved since the last CQC inspection.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Premises	The practice had been granted funding from NHS England's Estates and Technology Transformation Fund to enable the premises to be extended.

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>