

# Care Quality Commission

## Inspection Evidence Table

### Hilary Cottage Surgery (1-542685719)

Inspection date: 1 May 2018

Date of data download: 17 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead member(s) 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 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

<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

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 04/07/2017
There was a record of equipment calibration Date of last calibration:	Yes 04/07/2017
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 28/06/2016
Actions were identified and completed. Actions identified included improving the fire exits signs and ensure wheelie bins are chained to a post.	Yes
Additional observations: Monthly fire safety checks are undertaken as well as quarterly safety audits.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes April 2017
Health and safety risk assessment and actions Date of last assessment:	Yes April 2017
Additional comments: Health and Safety assessment carried out by an external contractor in April 2017. The report showed the practice complied with areas assessed. Business Continuity plan reviewed March 2018. The practice manager also carried out a daily health and safety check walk around the practice and actions identified were completed.	

<p><b>Infection control</b></p> <p>Risk assessment and policy in place  Date of last infection control audit:  The provider acted on any issues identified</p> <p>Detail:  The practice had identified the level of service from the cleaning contractors were not acceptable and therefore, the practice changed cleaning contractor in January 2018.</p> <p>Some items such as toilet brushes have been replaced and improvements identified to be discussed with cleaning contractors at next meeting. The practice meets with the cleaning contractors monthly.</p>	<p>Yes  January  2018  Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

<p><b>Any additional evidence</b></p>	
<p>Waste Management protocol reviewed in July 2017 and circulated to all staff</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	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

## 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> <p>Although there were systems in place for the management of correspondence and results, we found some letters and results dating back to 2016 in a general inbox. We found that those letters and results had been actioned appropriately but they had not been filed appropriately.</p>	

## 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)	0.97	0.96	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)	8.9%	9.6	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 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
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.	No
Explanation of any 'No' answers: Fridge temperatures in the dispensary were being recorded daily to ensure that medicines were being	

stored at appropriate temperatures. No vaccines were stored in this fridge. However, the records showed that it had previously been higher than the recommended range. It was not clear if the thermometer was being reset on each occasion.

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
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.	Yes
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.	Yes Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
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

## 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.	10
Number of events that required action	7

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

Event	Specific action taken
It was noted that reception staff had recorded the wrong patient's name on the list of telephone call. When the correct patient rang the practice to chase the phone call they requested, reception staff advised the patient that the GPs were running late and had not taken the patient's detail to check.	Reception staff were reminded of the practice's protocol for telephone calls and to ensure that they take the name and date of birth of patients and to investigate thoroughly why patients had not received a call.
GP who undertook a home visit late in the day and generated a prescription for controlled drug, however, this had not been printed and signed in time for community staff to pick up. Unaware that a prescription had already been generated, the duty doctor issued another prescription for the patient.	The practice changed its process so that any GPs undertaking home visits, should either generate prescriptions, print and sign them ready for the patient, or should be tasked to the duty doctor to complete.
An incident occurred where a patient suffered an allergic reaction to treatment.	Although the incident was well managed, the practice identified that further improvement could be made. A worktop was added to the room and a form developed to record patient observations during emergencies.

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:	
The practice manager received the alerts who then circulated these to clinical and dispensary staff. Searches were undertaken to identify potentially affected patients, and actions taken were reported back to the practice manager who kept a record of the actions taken.	

**Any additional evidence**

There was dedicated member of staff at the practice who co-ordinated the investigation and sharing of learning with all staff.

# 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)	0.73	1.03	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)	85.6%	82.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.3% (70)	16.8%	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)	79.6%	80%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.2% (58)	12.8%	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)	85.6%	81.1%	80.1%	Comparable to other practices
QOF Exceptions	18.3% (70)	17.8%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	72.5%	76.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (64)	9.3%	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)	97.7%	93.3%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.1% (23)	13.4%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	81.4%	84.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (63)	4.7%	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)	97.1%	90.9%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (25)	7.8%	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)	76	78	97.4%	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)	71	75	94.7%	Met 90% Minimum (no variation)
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)	73	75	97.3%	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)	71	75	94.7%	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)	75.1%	76.4%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.9%	75.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	68.3%	61.8%	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)	65.9%	73.3%	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)	100.0%	94.4%	90.3%	Variation (positive)
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	20.0% (4)	17.8%	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)	93.3%	93.1%	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>	
	25.0% (5)	16.2%	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)	75.4%	86.8%	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>	
	7.1% (5)	7.3%	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)	559	550	539
Overall QOF exception reporting	6.3%	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.	N/A
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, paramedics, pharmacists and physician associates.	Yes

### 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)	92.9%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (25)	1.0%	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)	53.7%	53.4%	51.6%	Comparable to other practices

### Any additional evidence

The practice had developed an electronic template for various clinical areas with links to best practice guidelines so that clinicians had quick and easy access to these when reviewing patients.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	11
Number of CQC comments received which were positive about the service	8
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
Comments cards.	Comments from CQC comments cards we received showed that patients were treated with compassion, respect and dignity. The three mixed views comments cards related to long waits for either an appointment, or to being seen after their appointment time.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,521	223	1.7%	127	56.95%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	85.7%	83.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.1%	91.9%	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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.5%	97.6%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.2%	89.6%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.4%	93.3%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.3%	93.3%	90.7%	Comparable to other practices

### Any additional evidence

April 2018 results from the practice for the Friends and Family Test showed that 90% of patients were extremely likely and 10% were likely to recommend the practice to their friends and family.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with on the day of the inspection told us they were involved in decisions about their care and treatment. They felt they were given enough time to make decisions and were listened to.

## 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)	92.5%	90.0%	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)	88.5%	86.2%	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)	90.6%	92.4%	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)	87.2%	88.2%	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 124 patients who were also carers. This represented approximately 1.6% of the practice's patient population.
How the practice supports carers	There was a carer's register in place and a dedicated carers information area in the practice's waiting area. The practice also hosted social prescribing clinics where patients could be referred to the social prescriber for additional support.
How the practice supports recently bereaved patients	Families of patients who had recently passed away were contacted and offered support. There was a board to notify staff of recently deceased patients.

## 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	The waiting area was separate from the reception desk. Patients could be offered a private room if they needed to discuss something in confidence.

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
Comment cards	Patients commented that they had received excellent care from the GPs at the practice. They felt listened and commented that the GPs were caring in their approach.
Patient interviews	Patients we spoke with on the day of the inspections told us they were treated with respect and dignity by all staff at the practice.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30
Appointments available	
Mornings: 8:45am to 11:30am Afternoons: 3pm to 6pm	
Extended hours opening	
Mondays and Wednesdays : 6.30pm to 8pm	

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	
Home visit requests were sent to the duty doctor to triage and allocate to GPs to undertake visits. The list was then checked at the end of the day to ensure all home visits had been undertaken.	

## 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. <b>(01/01/2017 to 31/03/2017)</b>	87.4%	82.9%	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?" <b>(01/01/2017 to 31/03/2017)</b>	78.6%	80.7%	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 <b>(01/01/2017 to 31/03/2017)</b>	83.3%	84.6%	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 <b>(01/01/2017 to 31/03/2017)</b>	77.5%	79.4%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
Comment Cards	Most patients were satisfied with the appointment systems and told us they could get an appointment when they needed it. However, some patients commented that there were long waits to get a routine appointment.

## 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.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice had a dedicated member of staff who handled all complaints and co-ordinated investigations. They also responded to patients and kept them informed of the progress of their complaint.	

<b>Any additional evidence</b>
We saw that concerns were also recorded and analysed for trends and learning shared with all staff.

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
The practice had a vision to provide the best care possible to their patients within available resources.

### Culture

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

Source	Feedback
staff	Staff commented that they enjoyed working at the practice and that the partners and the management team were approachable.
staff	Staff commented they were able to raise issues and concerns and changes were made as a response. This was welcomed by the leaders and the management team.

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

Source	Example
staff	Staff told us that they were able to feedback on what was not working. For example, issues with the appointment system; There was a dedicated GP lead who led on IT issues; the GP would make changes to the appointment system so that this provided more options for frontline staff so they were able to support patients better during increased demands.

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	When a patient complained that they did not want their child to receive the MMR vaccine and this had been given to their child. One of the parents consented to the child receiving the vaccine. The practice investigated this and wrote the patient, apologising and explaining what had happened.
concerns	A patient raised concerns that they were not able to get an appointment with their usual GP. The reception manager spoke with the patient and took full details for their concerns and arranged for an appointment to be made with their usual GP.

Examples of concerns raised by staff and addressed by the practice

Source	Example
staff	Staff raised concerns that the appointment system was not working. Changes were made to the appointment system in collaboration with staff and the patient participation group.

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

Source	Example
HR files	A Health and Safety Occupational Health questionnaire was given to all staff to complete as part of their appraisal process to ensure that staff felt safe at work and appropriate support was put in place where staff identify they needed this
certificate	The practice had received a certificate of accreditation for meeting the standards for the Workplace Well-being charter. Recognised the practices commitment to improving the well-being of staff work.

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

Source	Example
Training records	Staff had access to and had completed training in Equality and diversity.

### Examples of actions to improve quality in past 2 years

Area	Impact
Access	The appointment system had been reviewed and a new system implemented. Previously the practice operated a GP triage system which did not allow for sufficient appointments to be available on the same day. With the new appointment system, more on the day appointments were made available with either a GP, nurse or paramedic practitioner.
Clinical	The practice had identified that they had a higher than average patient population of patients aged 65 and over and had taken the initiative to monitor patients' pulse rate opportunistically. This had led to an increased identification of patients at risk of Atrial Fibrillation (a heart condition which causes an irregular and often abnormally fast heart rate.) and a more effective treatment plan for those patients. The practice's prevalence of patient at risk of Atrial Fibrillation was 3.6% compared to the clinical commissioning group of 2.3% and national average of 1.8%.

### 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	Meeting	The reception manager and a GP met with a patient following a complaint. This meeting enabled them to better understand the need of the patient and implement appropriate changes to improve access for this patient.
Staff	Meeting	Regular meetings were held where staff were kept up to date with practice information. Minutes from partners meeting were also shared with all staff.

### Feedback from Patient Participation Group;

## Feedback

Members of the patient participation group (PPG) we spoke with told us the practice was receptive to feedback. The practice had worked in collaboration with the PPG and the Primary Care Foundation (The Primary Care Foundation was established to support the development of best practice in primary and urgent care.) to improve their appointment system. The PPG told us that the new appointment system went live flawlessly when it was launched.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Recruitment of a paramedic practitioner.	The practice had recruited a paramedic practitioner. This resulted in additional appointments as well as home visits being available for patients for certain conditions.
Development of clinical templates	The practice had developed their own clinical templates which guided clinicians to best practice guidance and enable them to set up tasks promptly. This would ensure care and treatment for patients was in line with best practice guidelines and ensured that tasks, such as blood tests and monitoring of patients was not missed.

## 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>