

# Care Quality Commission

## Inspection Evidence Table

### Eagle House Surgery (1-564497167)

Inspection date: 24 April 2018

Date of data download: 17 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated 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

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

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes March 2015
There was a record of equipment calibration Date of last calibration:	Yes March 2018
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 July 2017
Actions were identified and completed. The fire risk assessment noted that door seals needed to be changed to ensure they worked effectively. The work was completed in March 2018.	Yes
Additional observations: The practice policy was to have portable appliance testing carried out every three years. Small electrical items were routinely replaced after two years and staff were aware of potential hazards to look for, such as frayed wires when using electrical equipment. The PAT testing had been booked to be carried out in the week following the inspection.  The practice carried out a fire drill in the week before the inspection, the time to evacuate the building was not recorded, but staff said it was less than five minutes. However, learning identified was to make sure all rooms were checked properly.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes July 2017
Health and safety risk assessment and actions Date of last assessment:	Yes July 2017
Additional comments: The health and safety risk assessment indicated that water temperatures were not being	

monitored as part of Legionella control. This was implemented and is ongoing. The practice made sure it's lone working policy was effective. There was a board to indicate who was in the building and who was out. If staff did not return when expected from home visits, then they were contacted to check on their wellbeing.	
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<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:  Training was regularly provided for all staff as part of their mandatory training.</p>	<p>Yes  date  n/a</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

<b>Any additional evidence</b>	
<p>The practice considered that safeguarding was everyone's responsibility. They held regular meeting, which included serious case reviews when needed.</p> <p>The practice kept records of hot and cold water temperature checks and testing for bacteria in water systems to minimise the risk of Legionella. Records confirmed that temperatures were maintained within safe limits and the most recent bacteria test in September 2017 was negative.</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

## 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)	0.84	0.97	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)	6.0%	8.2%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For 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 Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

## 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.	12
Number of events that required action	12

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

Event	Specific action taken
A salaried GP returned from leave and, identified that test results had not been reviewed this included eight red flag results	The practice immediately reviewed all results and determined that there were no clinical implications. Changes were made to the system to ensure results could be viewed by all GPs and GPs were reminded that results did not automatically default to the patients usual GP. Processes were strengthened to ensure there was appropriate safety netting when a GP was on leave.
Needlestick Injury July 2017	The was reviewed with the member of staff involved and the practice established that the protocol for needlestick injury's had been followed. The event was subsequently reviewed at a team meeting on 16 August 2017 and a practice meeting on 21 August 2017.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice gave us an example of acting on a safety alert. In January 2018 an alert was received related to use of oxygen in an emergency situation when staff were unsure of how to turn the cylinder on. The practice held a session for all staff and ensured they could demonstrate how to switch the cylinder on to deliver oxygen.</p>	

### **Any additional evidence**

Basic life support training was planned and carried out every six monthly, the training provided alternated between adult and child training.

GPs took some medicines on home visits when necessary, they were responsible for checking expiry dates. This was confirmed by staff we spoke with.

# 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)	0.41	0.88	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)	85.3%	82.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (39)	18.0%	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)	85.1%	78.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (18)	12.2%	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)	86.1%	81.5%	80.1%	Comparable to other practices
QOF Exceptions	11.8% (53)	17.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	84.1%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (2)	11.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	96.6%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (5)	16.0%	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)	91.7%	84.3%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (15)	5.3%	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)	90.8%	87.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (19)	9.6%	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)	114	115	99.1%	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)	106	110	96.4%	Met 95% WHO based target Significant Variation (positive)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	106	110	96.4%	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)	106	110	96.4%	Met 95% WHO based target Significant Variation (positive)

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)	78.8%	74.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.5%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	62.9%	62.5%	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)	84.8%	63.8%	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)	98.4%	91.9%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	3.0% (2)	14.0%	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)	95.5%	89.9%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0 (0)	14.0%	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)	95.7%	86.4%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	2.8% (2)	7.0%	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	548	539
Overall QOF exception reporting	3.1%	6.6%	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.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>Any further comments or notable training.</p> <p>The practice had supported nurses to become nurse prescribers and one nurse was currently undertaking an advanced nurse practitioner course.</p> <p>There was a clear structure in place for staff appraisals, the processes set out timescales for meeting which were after three months of starting employment; and then every 12 months.</p> <p>All staff had protected administration time to enable them to manage work such as recalls for health reviews.</p> <p>The practice supported medical students in their final year of training on training placements.</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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	97.7%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (5)	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)	60.0%	51.6%	51.6%	Comparable to other practices

## Any additional evidence

Quality and Outcome Framework (QOF) results were consistently monitored and there were low exception rates. The practice provided us with unverified figures which showed that for the period 2017/18 they had achieved 100% in QOF.

The practice used care plans which were available on their computer system and there were links on the system to relevant guidance on care and treatment. There was also a standard pain assessment template available.

Clinical effectiveness meetings were held to monitor care and treatment given and QOF results. The practice had noted that more could be done for patients with atrial fibrillation, an irregular heartbeat. They had promoted opportunistic pulse measurements both in the practice and at external community events. This had increased the identification of the condition and treatment was provided. Results provided showed that 138 out of 152 with atrial fibrillation are on an anti-coagulant drug.

There was a clear and effective recall system in place for patients with long term conditions. Patients were encouraged to attend for a health review in their birthday month. All patients with asthma and chronic obstructive pulmonary disease were contacted by a practice nurse within 48 hours of being discharged from hospital check their wellbeing.

The practice used a tool to plan and carry out audits which it funded. Audit results were shared with other GP practices and the clinical commissioning group, for example those on contraceptive implants and minor surgery.

Patients were encouraged and supported to self-manage their condition. A phone and web application was available for patient to use which helped them monitor and control their diabetes. Patients aged over 75 were reviewed and provided with a health assessment which included social and emotional needs as well as health information. The assessment had been designed by the nursing team.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	26
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	<p>All of the comment cards we received were positive about the staff who worked at the practice. Respondents used words such as brilliant, kind, professional, excellent and efficient. Three comment cards mentioned that there were delays in the telephones being answered and a wait to get an appointment either with a GP or for blood tests.</p> <p>Some comment cards singled out particular staff for praise by name. Other comments included GPs and nurses putting patients at ease and listening effectively. Reception staff were considered to be helpful and polite.</p> <p>One example given of where the practice staff were kind and understanding was when patients had experienced an accident.</p>
Family and Friends Test	<p>During the period December 2017 to March 2018 the practice had on average 220 responses to the FFT. The majority of respondents were likely or extremely likely to recommend the practice. Comments received included that staff were friendly and supportive and patients were made to feel at ease and comfortable. Reception staff were helpful and polite and all staff were professional and caring.</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
8,556	220	1%	130	59.09%

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)	100.0%	84.5%	78.9%	Significant Variation (positive)
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)	94.4%	91.3%	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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	100.0%	96.6%	95.5%	Variation (positive)
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)	92.8%	89.3%	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)	94.7%	93.7%	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)	97.5%	93.2%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
Ongoing	Feedback from sources such as the Family and Friends Test (FFT); NHS Choices; social media; the practice's website and satisfaction surveys were reviewed and analysed at regular patient participation group and quality improvement meetings.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	A total of 29 comment cards were received and all considered that staff involved them in decision about their care and treatment. This aligned with the findings of the national GP patient survey.

### 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)	96.5%	90.1%	86.4%	Variation (positive)
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)	93.9%	86.5%	82.0%	Variation (positive)
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)	98.1%	92.2%	89.9%	Variation (positive)
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)	94.3%	88.5%	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 on request

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 130 patients who were also carers. This represented approximately 1.5% of the practice population.
How the practice supports carers	The practice had developed a specific carer's pack which included information on healthy caring and healthy ageing. The lead member of staff for identifying carers met with other leads in the locality four times a year to share good practice. They had developed a carer's self-assessment tool to identify areas where more support may be needed and whether carers had any health, social or emotional needs which were unmet. These assessments were sent out prior to a review to inform the process and assist in the development of a care plan.
How the practice supports recently bereaved patients	If a patient had experienced bereavement a sympathy card was sent and their usual GP usually contacted them and offered support, such as a consultation or signposting to organisations which might help them. There was also information on the practice's website which provided links to support organisations.

## 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 practice has two waiting rooms which are separate to the reception area.

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
Comments cards	All 29 comments cards received showed that patients considered their privacy and dignity was respected.

# Responsive

## Responding to and meeting people's needs

<b>Practice Opening Times</b>	
<b>Eagle House Surgery</b>	<b>Time</b>
<b>Monday</b>	<b>08:00-18:30</b>
<b>Tuesday</b>	<b>08:00-18:30</b>
<b>Wednesday</b>	<b>08:00-18:30</b>
<b>Thursday</b>	<b>08:00-18:30</b>
<b>Friday</b>	<b>08:00-18:30</b>
<b>Families Medical Centre</b>	<b>Time</b>
<b>Monday</b>	<b>09:00-12:00</b>
<b>Tuesday</b>	<b>09:00-12:00</b>
<b>Wednesday</b>	<b>Closed</b>
<b>Thursday</b>	<b>09:00-12:00</b>
<b>Friday</b>	<b>09:00-12:00</b>
<b>Appointments available</b>	
	<p>Appointments were available from 9am onwards in the mornings and 2.30pm onwards in the afternoons with GPs and other clinical staff at Eagle House Surgery.</p> <p>Appointments were available at the Families' Medical Centre at Blandford Camp site between the following times:</p> <p><b>Monday</b> 9am to 11.30am (GP) Nurse &amp; Childhood immunisations 9am to 11am</p> <p><b>Tuesday</b> 9.30am to 12pm (midwife) Health Visitor &amp; Baby Clinic 2pm to 3pm (Drop in)</p> <p><b>Thursday</b> 9am to 11am (GP)</p> <p><b>Friday</b> 9am to 11am (practice nurse)</p> <p>When the Families Medical Centre was closed patients were able to access Eagle House Surgery.</p>
<b>Extended hours opening</b>	
	Pre bookable extended hours appointments were available from 8.50am to 7.30pm on Monday, Tuesday and Thursdays, at Eagle House Surgery.

<b>Home visits</b>	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
<b>If yes, describe how this was done</b>	
There was a triage system in place for home visits. If a home visit was not deemed medically necessary then a GP would always telephone the patient and if needed invite them into the practice for a consultation.	

## Timely access to the service

### National GP Survey results

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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>	94.2%	83.8%	80.0%	Variation (positive)
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>	94.3%	83.8%	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>	94.2%	84.4%	75.5%	Variation (positive)
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>	96.0%	81.7%	72.7%	Variation (positive)

### Examples of feedback received from patients:

<b>Source</b>	<b>Feedback</b>
Friends and Family's test	Results from the period December 2017 to March 2018 consistently showed that 90% or more of respondents were likely or extremely likely to recommend the practice to others.
Comment cards	The majority of comments cards showed that patients were able to get an appointment within a reasonable timeframe.

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

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

Complaints	
Number of complaints received in the last year.	6
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
All complaints were handled and responded to in line with the practice's complaints policy. When needed an apology was given. Complaints were reviewed at practice meetings to ensure actions had been taken when needed and themes were identified, for example concerns over bruising following blood tests.	

Any additional evidence
<p>We were given examples of where staff had provided care and treatment in a holistic manner. Such as when a health care assistant (HCA) whilst carrying out an over 75s health check noted that the living conditions of the patient were poor, due to damp and mould. With the patients permission the HCA contacted the landlord to organise repairs to make it suitable to live in. The patients is now living safely in their home and accessing care when needed.</p> <p>Another example related to a patient with learning disabilities who was social isolated. The HCA contacted an advocate and a befriending service for this patient, which resulted in less calls for medical attention.</p> <p>The HCA who carried out home visits links with the frailty coordinator and virtual ward in the locality. When needed patients are signposted to voluntary services and referrals are made for falls assessment; continence; podiatry; and advanced care planning.</p> <p>The nursing team have developed 'My Care Plan' for patients, which has information on goal setting and emotional and social needs.</p> <p>The practice is an accredited dementia friendly practice and a member of the Blandford. We received positive feedback from the local NHS Trust's memory assessment centre and Blandford's Dementia Action Alliance Coordinator. Comments made included active participation by the practice's Dementia champion in community activities, including fund raising for events such as afternoon tea for carers and movie afternoons. They confirmed that a representative from Eagle House Surgery also attends all</p>

information open afternoons at the day centre to support members of the community. The memory assessment nurse confirmed that they attended monthly multi-disciplinary team meetings at Eagle House Surgery and found the information shared useful in identifying patients who may have memory issues. They said they were also contacted on an ad hoc basis about any concerns. They considered that staff at the practice were committed to providing a good service for patients living with Dementia.

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
Eagle House Surgery has named GP lists to promote trust and consistent GP/patient relationships. This philosophy underpinned all work carried out by staff in the practice and contributes to the shared values of providing high standards of holistic, individualised, caring and supportive care and treatment. All staff were aware of the vision and we saw that this translated into the action of the practice.

### Culture

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

Source	Feedback
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. Staff told us they found it was a supportive environment both clinically and non-clinically.

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

Source	Example
Nursing team	The nursing team had been given protected time to develop assessment tools and care plans which were used in health reviews.

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

Source	Example
Complaints	Eagle House Surgery noted that there was a theme of complaints related to significant bruising occurring after patients had had their blood taken. The practice carried out a performance review and gave further training to the member of staff responsible and apologised to the affected patients.
Complaints	There was dissatisfaction from a patient about the wait to see a GP once they had arrived for their appointment. All of the staff team were about informing patients if a clinician was running late and to offer an alternative appointment if needed.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	All staff we spoke with during the inspection visit commented on the 'open door' policy of practice leads and said they would not hesitate to raise any concerns if needed. Staff said they were supported and had protected administration time to complete tasks and were able to offer appointment lengths to meet patient needs. Such as offering longer appointments for complex conditions.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

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

Source	Example
Staff	Display screen risk assessments were carried out and staff were provided with appropriate support when needed.
Staff and practice policy and procedures	Lone working processes were in place to ensure that if a member of staff was attending home visits, there were safeguards in place if they did not return to the practice at the time expected.

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

Source	Example
Staff	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.

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

Area	Impact
Men's health	In March 2017 the lead nurse received a Queen's Nursing Institute Award to develop a project targeting pre-retirement men who were overweight, using a pro-active and flexible approach resulted in exceeding targets and receiving additional funding from the Institute.

### Examples of service developments implemented in past 2 years

Development area	Impact
Workflow	All staff were undertaking training in care navigation, and our workflow team now take a proactive approach to patient care, related to documents they process.

### 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	Surveys Family and Friends Test	Comments from these sources were read and reviewed and changes made where possible to service provisions. For example, monitoring of

	NHS Choices	telephone access to the service and appointment availability This work was ongoing and reviewed at meetings.
Public	Engagement at community events.	The practice was active at community events such as the annual Blandford Health & Wellbeing Event, Stroke Awareness Day, Dementia Action Alliance and Carer's events.
Staff	Staff annual appraisals and regular staff meetings	Staff suggestions were regularly discussed and implemented where appropriate. Appropriate training identified by staff has been provided.
External partners	Community activities, multi-disciplinary team meetings.	The practice shared relevant information with external partners in the health and social care sector, as well as linking in with voluntary services. The practice supported the local day centre with activities for carers and patients living with dementia.

### Feedback from Patient Participation Group;

#### Feedback

The PPG met every six to eight weeks and a representative from the practice always attended. We met with four members of the group which all said that the practice combined caring, compassionate, thoughtful care and were efficient. They were also aware of the promotion by Eagle House Surgery for patients to be involved in their care and treatment and take responsibility for their own health.

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

Examples	Impact
Patient participation group	We met four members of the group who worked with the practice. Areas they had contributed to were appointment availability and whether more extended hours should be offered. A survey had been completed which showed that patients would like to be able to access Saturday morning appointments. The practice was reviewing options for providing this and had incorporated it into its long term business plan.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Way to go	<p>One of the practice nurses noted higher levels of obesity in men aged between 40-65 years. In March 2017, they secured funding from the Queen's Institute for Nurses to set up a project, one of only 10 awards available each year.</p> <p>A service known as men's MOT was advertised with the aim to encourage awareness of health risks of being overweight and provide</p>

education, support and self-care strategies to improve health. A men's health evening was organised and information on prostate and bowel screening; diets; exercise; and diabetes care was provided. This was attended by over 60 men.

In total 45 men signed up for the 'Way to go' project. Results collated 12 months after the start of the project showed that all participants had decreased their waist measure, which helps prevent against coronary artery disease; 86% of participants had lost weight; and 66% had reduced their risk of diabetes. A case study blog was presented in February 2018 and was available on the Queen's Institute for Nurses' website.

### Any additional evidence

The practice had succession planning in place and were collaborating with other GP practices to consider federations or mergers.

Reception staff were undertaking Care Navigation training to assist with helping patients who presented at reception; this was part of a locality drive.

Our GP specialist advisor was invited to sit in on meeting regarding workflow optimisation training. Our GP observed open and collaborative working, with good leadership demonstrated from the practice GP and practice manager. The practice's GP checked at each step, to ensure the new processes are safe.

**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>