

# Care Quality Commission

## Inspection Evidence Table

### Lingfield Surgery (1-572992627)

Inspection date: 15 May 2018

Date of data download: 13 May 2018

## Safe

### Safety systems and processes

Source	Y/N
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	Partial
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:  Vulnerable patients were identified on the practice computer system using an alert on their record. We saw that 145 patients had been identified as vulnerable. However the practice did not have a risk register of specific patients, to monitor any concerns and actions where required. Following the inspection, we saw that the practice took immediate action to create a risk register and develop a vulnerable patient policy.	

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes October 2017
There was a record of equipment calibration Date of last calibration:	Yes February 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 August 2017
Actions were identified and completed	Yes
Additional observations: n/a	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes Jan 2018
Health and safety risk assessment and actions Date of last assessment:	Yes October 2017
Additional comments: At our last inspection we found that the practice had started work in relation to their COSHH assessment but this was not complete and their policy had not been complied with. At this inspection we saw that the practice had conducted an audit which was completed on 20/10/2017. We saw they updated their COSHH policy in October 2017 and all data sheets completed. They used an online register to record the control of each hazardous substance, this was also printed and stored in a folder accessible to all staff.	

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit:	August 2017
The provider acted on any issues identified	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Partial
<p data-bbox="76 654 544 689">Explanation of any 'No' answers:</p> <p data-bbox="76 743 1513 958">Although most of the arrangements for managing waste and clinical specimens kept people safe, we found that not all sharps bins had been replaced within the recommended timeframe, for example we saw sharps bins that had been in place since October 2017. Sharps bins should be replaced at least every three months as the contents pose a potential risk of infection. We also found gloves and cleaning wipes that were out of date. The practice told us they would take immediate action to resolve these issues.</p> <p data-bbox="76 1016 1490 1124">During our checks of the emergency equipment we found one of the three sets of pads used for the defibrillator that were out of date. The practice told us they were demonstration pads that had accidentally been put in the bag; they disposed of them immediately.</p>	

## Risks to patients

Question	Y/N
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.	No
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.	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.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
<p>Explanation of any 'No' answers:</p> <p>We found that not all staff roles were covered for periods of absence, which may lead to delays in patient care. The practice had implemented a workflow optimisation system for dealing with incoming post and directing this to the most appropriate staff member. The staff member performing the workflow optimisation had received training to conduct this role. The lead partner was the workflow lead, who performed an audit every three months to assess and monitor compliance.</p> <p>However, we found that the practice did not have another staff member trained, therefore if the workflow administrator were absent then the task was not completed. At the time of our inspection we saw that 306 letters had been scanned in by administrators and were due to be processed. The backlog had been created as the workflow administrator had taken two days leave. The protocol was that test results were immediately sent to GPs by the scanners and anything urgent was flagged for priority with the workflow administrator. We found that the workflow administrator had processed the urgent communications. We saw that the letters remaining included information such as discharge summaries and out of hours reports. The workflow administrator showed us that between 50 to 150 letters were received every day for processing. They had raised the issue of cover and had been told that a member of staff would be trained once the pilot completed in June 2018.</p> <p>We also found that certain aspects of the care coordinator role were not covered, relating to the processing of patient care plans.</p>	
<p>The practice receptionists had not been provided with training or guidance to recognise signs of serious infection/sepsis. The practice told us they were planning to conduct this training. They took immediate action at the time of inspection by printing guidance posters of 'red flag' symptoms to be displayed for reception staff.</p>	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	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.	Partial
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>At the time of inspection we asked to see examples of completed care plans for patients, to demonstrate that their conditions were assessed and monitored. This included for individuals with long term conditions, learning disabilities and those experiencing poor mental health. However, the practice was not able to demonstrate any records to evidence that the templates for structured care on the practice system had been completed.</p> <p>After our inspection the practice provided examples for patients with diabetes and asthma that evidenced adequate structured care planning. The records we saw showed that information needed to deliver safe care and treatment was available to staff.</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)	1.10	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%	10.5%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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.	N/A (no controlled drugs)
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.	N/A
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.	Partial

**Explanation of any 'No' answers:**

We found that the refrigerator used to store vaccines was located in the corridor of the practice. We saw that it was securely locked. However, we noted that the electrical supply could be accidentally turned off or the plug removed as the socket and switch were accessible, including to the public. We also found that the practice had one thermometer which was calibrated yearly, not the recommended timescale of monthly, to confirm accuracy.

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

Significant events	Y/N
There was a system for recording and acting on significant events	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 8 months.	8
Number of events that required action	8

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

Event	Specific action taken
Fridge found to be off	Protocol followed. Plug had been knocked out by a cleaner. The plug was moved behind the fridge. The vaccines were all destroyed.
Prescription issued to incorrect patient	The practice investigated the issue and explained to the patients what had happened. The practice issued a reminder to all staff to ensure patient details are checked.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Yes

Comments on systems in place:

The practice told us they acted on and learned from external safety events as well as patient and medicine safety alerts. They did not have a formal policy or recording system for this activity, but they demonstrated to us on the day of inspection that they received alerts and took action. This included that we saw the GPs worked with the clinical pharmacist to search for patients affected by a medicine safety alert. Following our inspection, we saw that the practice took immediate action to develop a policy for the management of safety alerts and create a recording system.

# 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)	1.45	1.05	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)	73.1%	82.5%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (66)	14.9%	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)	86.7%	77.9%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (61)	12.5%	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)	75.6%	80.6%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.3% (92)	15.6%	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)	68.1%	75.6%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.0% (87)	5.5%	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)	92.3%	92.9%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.6% (71)	13.2%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QoF)	77.5%	82.4%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (26)	4.1%	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)	84.3%	86.5%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (13)	8.0%	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)	88	106	83.0%	Below 90% Minimum (variation negative)
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)	100	107	93.5%	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)	1	107	0.9%	80% or below Significant variation (negative)
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)	1	107	0.9%	80% or below Significant variation (negative)
<p>At the time of inspection there was a known issue with the data available to the Care Quality Commission for child immunisation indicators. The practice provided evidence that uptake rates for the vaccines given to children were in line with the target percentage of 90% or above, however this data did not align with care quality commission data.</p>				

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)	71.9%	73.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.1%	71.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.2%	57.7%	54.5%	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)	80.9%	73.9%	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)	92.3%	92.8%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (8)	11.5%	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)	94.0%	93.8%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (10)	10.7%	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)	80.0%	81.5%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (5)	5.5%	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)	545	548	539
Overall QOF exception reporting	6.8%	5.9%	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 and pharmacists.	Yes
If no please explain below:  n/a	

## 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)	94.9%	95.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (7)	0.8%	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)	41.9%	51.5%	51.6%	Comparable to other practices

Additional Evidence
<p>The practice regularly attended to the residents in a number of nearby care homes. Prior to our inspection we received concerns regarding the care plans for patients who were resident at one of these care homes and also the responsiveness of GPs to that location. The practice told us they had a dedicated GP who attended the care homes and they were aware of a communication issue with a certain location. We asked to review examples of care planning for patients who were resident at care homes but they were not able to recall any such patient. We followed up on these concerns with the care home themselves by speaking with a member of staff, who told us the practice had recently reviewed and updated all care plans for their residents. We were told they had no concerns; the GP and practice staff were helpful. We also received a response from two other care homes. We were told that the GP or nurse practitioner attended for visits promptly and were courteous and approachable, giving plenty of time to provide care, support and advice. They told us that prescriptions were completed on time, referrals were sent without delay when required and all care plans and annual medication reviews were completed. We received one comment that a delay for prescriptions had been addressed by the practice in a timely manner and resolved swiftly. Overall they told us they were happy with the service received and they had no concerns with the support given to their residents. In addition, we spoke with the care quality commission inspectors who had recently inspected these two locations, who had identified no concerns regarding the GPs at this practice.</p>

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	21
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
NHS Choices	We saw comments that GPs, nurses and reception/administrative staff were friendly and helpful.
I Want Great Care	We saw that the practice had received 386 reviews and many patients commented on the caring and thoughtful staff. They said the GPs were empathetic and understanding. The practice were awarded the Certificate of Excellence in 2018 from I Want Great Care due to consistent ratings for good care.
Comment cards	Patients said that practice staff were caring and kind. They felt they were given support and relevant information. Many patients wanted to thank the surgery staff for their care and support, some patients stating they had been with the practice for many years.
Patient interviews	Patients told us that GPs and nurses were kind and caring. We also heard from parents who felt the GPs gave good care to their children.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
10,584	263	2%	121	46.01%

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)	59.3%	82.1%	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)	90.9%	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)	98.9%	96.5%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	76.3%	86.6%	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)	88.1%	90.5%	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)	91.0%	90.5%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
The practice monitored the Friends and Family Test survey data. We saw that between November 2017 and May 2018 there had been 232 responses and 84% of patients would recommend the practice.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Feedback from patients was mixed but overall they were positive about the care and treatment they received. They also told us they felt listened to and supported by staff. They had sufficient time during consultations to make an informed decision about the choice of treatment available to them and felt the clinicians took timely action.
Comment cards	We received comments that that most patients felt they were given enough time in appointments and they did not feel rushed.

## 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)	84.7%	88.2%	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)	71.1%	82.7%	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)	84.0%	89.7%	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)	80.9%	84.6%	85.4%	Comparable to other practices

Question	Y/N
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	There were 287 patients (3% of the patient list) recorded as carers.
How the practice supports carers	The practice offered longer appointments for carers and they were supported by the care coordinators at the practice. The practice system alerted when a patient was a carer or cared for. The practice also worked with a voluntary organisation who offered a break scheme that supports carers, including financially, to take a respite break. We saw a carers folder in the waiting room that contained relevant information, for example signposting to support groups.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service

### Privacy and dignity

Question	Y/N
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 reception area was open; however the waiting area was located away from the reception desks. The practice also had a cordon to maintain privacy for patients speaking at the desk. We noted that staff dealt with patients professionally and appropriately.

Question	Y/N
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
Addition information:  The practice told us that a consultation room would be used if required.	

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us their privacy and dignity was respected.
Comment cards	Patients commented that they were treated with compassion, dignity and respect.

# 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	
	08:00-18:30
Extended hours opening	
Tuesday and Thursday	07:20-08:30

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>Requests for home visits were added to the home visit list and the duty doctor determined whether the visit was necessary and the urgency. At lunchtime the duty GP allocated home visits to each available GP. If an urgent request was received the duty doctor was advised immediately by reception of the request.</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. <b>(01/01/2017 to 31/03/2017)</b>	66.7%	79.4%	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>	66.6%	74.8%	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>	76.6%	78.3%	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>	67.6%	76.7%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
Interviews with patients	Patients told us that although they were usually able to get an appointment, there was a delay whilst waiting for their appointment. However, they told that children were prioritised and did not experience this wait. Patients we spoke with were able to have longer appointments when necessary.
Comment cards	Out of the 23 comment cards we received, two contained comments that a prompt service was received and they were always able to get an appointment. One contained a comment that making an appointment was difficult, especially if requesting a named GP.

## Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	8
Number of complaints we examined	8
Number of complaints we examined that were satisfactorily handled in a timely way	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:
<p>We saw evidence that complaints were fully investigated, with transparency and openness. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.</p> <p>We saw information available for patients on how to complain displayed on posters and leaflets. The practice held an annual complaints meeting.</p>

# Well-led

## Leadership capacity and capability

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

Leaders had the experience and skills to deliver the practice strategy and address risks to it. They told us they prioritised safe, high quality and compassionate care.

## Vision and strategy

### Practice Vision and values

The practice values included that they aim to provide professional high quality approachable healthcare to meet the requirements of the patient as an individual. They welcome their patients and ensure their safety in practical and pleasant surroundings. They treat all patients as individuals, showing courtesy and respect, at all times, regardless of ethnic origin, religious belief, personal attributes or the nature of their medical problem.

## Culture

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

Source	Feedback
Staff interviews	<p>Staff described the practice as a friendly place to work, with a supportive culture. We heard there was no feeling of hierarchy and that senior partners/staff were approachable and accessible.</p> <p>All staff felt that the practice looked after their patients and they delivered person centred care.</p>

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

Source	Example
Staff interviews	Administrative staff noted that the in-tray for scanning was not effective as it was not possible to determine the priority of documents placed in. They suggested to the practice manager that four trays were used (an urgent tray and three other dated). This was welcomed by the practice and implemented. It was reported that the new system was more efficient.

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

Source	Example
Significant Events and Complaints log	Staff were aware of the duty of candour. All incidents and complaints were fully investigated. Patients were given a full explanation and feedback about the conclusions of investigations. We saw that apologies were made to patients by letter.

### Examples of concerns raised by staff and addressed by the practice

Source	Example
Meeting minutes	We saw in the practice meeting April 2018 that staff were concerned that they were not receiving communications following meetings. It was agreed that a handover book would be kept in reception and the Operations Manager would re-instate weekly updates.
Staff	Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. We saw the practice had an appropriate whistleblowing policy.
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 interviews	Staff told us they appreciated social events organised by the practice, such as Christmas parties. The practice had organised an away day in May 2018. They also said the partners and managers made them feel appreciated by regularly thanking them in person.
Staff interviews	We heard from clinical staff who felt they were part of a caring and supportive team and were able to seek help or discuss patients whenever needed.

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

Source	Example
Staff training matrix	Staff were trained in respecting equality and diversity.
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
Appointments audit	An audit was conducted by a GP of their own appointment times. This was to identify possible reasons for long waiting times and how to reduce them. The results from the most recent audit showed that 62% of patients were seen within 15 minutes of their appointment, which was below their target of 75%. Conclusions included that medical emergencies, (unexpected) multi-symptom appointments and certain types of reviews caused delays. As a result, a number of recommendations were made in order to reduce the waiting times. For example, patients were to be educated that double appointments were available for those who needed them, such as those with multiple issues. It was re-iterated that patients should be updated of any delays. The GP also took personal responsibility by deciding to attend a course specifically to improve skills in time management.

## Examples of service developments implemented in past 2 years

Development area	Impact
Young Epilepsy	The practice provided primary care to a local residential school for young students with severe learning disabilities. The practice told us there were 145 pupils and 70% of the pupils were resident all year round. We were told that the school recently lost their dedicated GPs and the practice had taken on this additional service need, to continue the care and support for the pupils. GP attendance at the campus, holding twice weekly clinics, provided reassurance to the students who would otherwise find trips to a busy surgery both traumatic and distressing.
Foodbank support	The practice supported their local Foodbank. They have a supply of vouchers and emergency food parcels that can be accessed at the practice when the Foodbank is closed. Staff have delivered food parcels to patients who have transport issues or mobility problems. At Christmas they collect festive food parcels from the Foodbank and deliver them to the patients most in need.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
The practice ensured learning from complaints and significant events.	Yes
Practice specific policies were implemented and were available to all staff.	Yes
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

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

## Appropriate and accurate information

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

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

### Examples of methods of engagement

	Method	Impact
Patients	Engagement with the patient participation group (PPG), NHS Choices, I Want Great Care, Friends	The practice had an ongoing relationship with the PPG and worked with them on issues and suggestions. Patients had access to information about the practice on public websites. We saw that the

	and Family Test.	practice responded to feedback where possible.
Public	Practice website	Provided up to date information on the practice to allow the public to make an informed choice about their care and treatment. Better awareness of local services and groups.
Staff	Staff meetings, annual appraisals, open door policy.	Staff were encouraged to provide feedback and raise any concerns. Staff felt supported in their development at the practice. Appropriate methods of communication were in place to keep staff up to date.
External partners	Regular multi-disciplinary meetings, engagement with the Clinical Commissioning Group.	The practice were aware of services available for patients and worked with them where possible. The practice ensured their involvement in the community.

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

Examples	Impact
The practice had an active PPG and they met regularly with the practice manager. We saw minutes from a meeting in March 2018. Items were discussed such as the proposed new build, automated inner doors, and a practice boundary change. The PPG acted on any concerns in conjunction with the practice, for example they recently began survey of patient views regarding the reduction of the practice boundary and were due to analyse the responses.	<ul style="list-style-type: none"> <li>• Facilitated communication between the patients and the practice</li> <li>• Updated patients about changes at the practice</li> <li>• Encouraged suggestions for improvement of services</li> <li>• Encouraged feedback on the performance of the practice</li> </ul>

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice were in the process of implementing an online triage and consultation tool. The lead partner had been trained.	Improved access to medical care and advice. Allow GPs to work more efficiently by remotely assessing patients online. Reduced patient need to attend the surgery in person.

#### 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.cgc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>