

Care Quality Commission

Inspection Evidence Table

Surrey Lodge Group Practice (1-565594964)

Inspection date: 6 June 2018

Date of data download: 22 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	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
Other information:	
<p>All the staff team had access to safeguarding policies and procedures. Quick access to information and contact telephone numbers was available in each consultation and treatment room and in reception.</p> <p>All clinical staff we spoke with confirmed they had received appropriate safeguarding training (level 3 for GPs and level 2 for practice nurses). However, records of training to support this were not readily available. The practice held monthly full practice meetings and in the May 2018 meeting a member of the Manchester Adult Multi Agency Safeguarding Hub (MASH) team attended the meeting and delivered training on safeguarding vulnerable adults.</p> <p>Reviews of patient records including children and vulnerable adults identified that patients were appropriately identified and we saw good evidence where the practice had referred patients to the adult safeguarding teams</p> <p>The children's safeguarding team had undertaken a recent audit of patient records and found that</p>	

appropriate records were up to date and coded correctly.

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	No
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Not Fully
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Not Fully
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any 'No' answers:</p> <p>The practice has been through a period of change with the retirement of three long established partners within the last two year period. A new practice manager was recruited and took up post in August 2017, they had identified significant gaps in the administration infrastructure of the practice. A planned programme of improvement had been initiated and continued to be implemented.</p> <p>One area identified by the practice manager requiring improvement was the recruitment procedures and processes. The practice manager identified that recruitment records were not consistently maintained for staff. All staff had a DBS check in place but professional and personal references had not been obtained consistently, job descriptions did not reflect the roles being undertaken and records of staff immunology were not consistently available. For example, one staff file contained employment information about one clinical role however the employee was employed in another more advance clinical role.</p> <p>Recruitment record and information was available for locum GPs.</p> <p>The practice had employed the services of a human resource, employment law and health and safety consultancy firm to assist the practice in reviewing and implementing the recruitment procedures and processes.</p>	

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 1/09/2017
There was a record of equipment calibration Date of last calibration:	Yes 29/05/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes, Data sheets available.

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	In progress
<p>Actions were identified and completed.</p> <p>The practice manager had identified that systems to ensure and promote health and safety required improvement. Staff training in all aspects of health and safety was arranged for 28 June 2018 and following this the fire risk assessment would be completed. In addition, the practice had been undertaking a programme of refurbishment.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>The practice had arrangements in place to ensure the premises were secure and that staff were safe. The practice had recently installed CCTV cameras to monitor the building externally.</p> <p>Date of last assessment: Assessment in progress. This will be completed following staff training 28 June 2018.</p>	Yes
<p>Health and safety risk assessment and actions</p> <p>Comprehensive policy, procedure and protocols had been developed for the practice and this included a range of risk assessments. These had not been completed as the practice manager wanted the staff training in Health and Safety (28 June 2018) to be completed first so that staff had a clear understanding of health and safety and its relevance to the practice, the team and the individual.</p> <p>The practice manager intended to implement a system of delegation to the administrative team for the monitoring and review of specific areas of health and safety.</p>	Yes
<p>Additional comments:</p> <p>Visual display risk assessments for the staff had been undertaken and action to improve the working environment for individual staff undertaken.</p> <p>A risk assessment and monitoring checks for legionella were in place.</p> <p>A risk assessment for asbestos was in place and the practice manager had arranged for this to be re-assessed.</p> <p>Maintenance certificates were place for gas safety and the air conditioning units.</p>	

Infection control	Y/N
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<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>The practice had been undergoing a programme of refurbishment and consultation rooms had been being upgraded to provide a safe and hygienic environment. The practice had two treatment /clinical rooms and these had the appropriate infection control flooring in place.</p> <p>All areas were clean and tidy.</p> <p>The practice manager identified that a formal infection control audit had not been undertaken. A new infection control policy was in place and a clinical lead identified. An infection control audit was planned to be undertaken following staff training.</p>	<p>Yes</p> <p>NA</p> <p>No</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes

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.	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

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.	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
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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)	0.56	1.06	0.98	Significant variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	10.0%	8.2%	8.9%	Comparable to other practices

More recent data supplied by the clinical commissioning group (CCG) medicine optimisation team indicated total and high-risk antibiotics prescribing was rated green.

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.	Yes
Up to date local prescribing guidelines were in use. Clinical staff could 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 partially
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 No 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.
Explanation of any 'No' answers:	

The practice held a range of emergency medicines; however, a risk assessment for those medicines not held (for example dexamethasone and analgesia) was not place.

Evidence was available to demonstrate stocks of medicines were monitored and this included expiry dates. However, we noted that the two oxygen face masks and the bag valve mask had passed their expiry date.

An invoice was available to show the practice had purchased a defibrillator and was waiting for this to be delivered. All staff had received recent basic life support training and this included the use of a defibrillator.

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 12 months.	Seven
Number of events that required action	All

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

Event	Specific action taken
Patient nearing end of life with Statement of Intent in place and DNACPR in place. However, when paramedics arrived treatment was implemented. They were not aware of the DNACPR.	The practice reviewed its protocol for notifying health care providers of patients nearing end of life and with Statement of Intent and DNACPR. This identified that the reception team were unaware that the ambulance service required notification. This was discussed with the staff team, the protocol amended and all information forwarded to the ambulance service and the Out of Hours (OOHs) was scanned and recorded on the patient record.
Housebound patient requiring care and services from domiciliary care services. Patient family raised concerns with GP re quality of care being provided by the service.	The GP referred concerns to adult safeguarding where following investigation the domiciliary care agency was found to have been delivering unsatisfactory care. Alternative domiciliary support was provided by another agency.
Prescription error. Medicine prescription changed to a different pain relief, but the original pain relief not removed from the repeat prescription.	Incident investigated. Patient informed of error and referred to A&E for urgent blood tests. These were negative. Apology provided. Investigation identified human error and all clinicians reminded to be vigilant with regards pain relief. Discussion also undertaken with dispensing pharmacist.
Comments on systems in place:	
The practice was implementing a plan to ensure the system for recording significant events was	

undertaken and recorded in a consistent manner.

Safety Alerts	Y/N
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: The practice received patient safety alerts including those from the MHRA, the Chief Medical Officer and NHS England central alerting system (CAS). The practice could demonstrate how they responded to patient safety alerts and we saw evidence to demonstrate appropriate action had been taken in response to these. We saw review and action in relation medicines Valproate, Esyma and Buccolam pre-filled syringes, in relation to glucometer test strips and high potency MDMA (Ecstasy).</p>	

Any additional evidence
<p>The practice had implemented a planned programme of refurbishment which included the patient waiting room area, the reception area, and clinical consultation and treatments rooms. All areas that had benefited from this refurbishment provided clean bright spaces with modern furnishings and clinical equipment.</p> <p>Patients commented positively on the environmental changes and reception staff commented on the difference also. Some mentioned that in the 17 years previously there are been no refurbishment at all.</p>

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)	1.61	1.32	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)	81.3%	78.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 17.6% (65)	CCG Exception rate 13.2%	England Exception rate 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)	80.4%	77.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 9.2% (34)	CCG Exception rate 10.8%	England Exception rate 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)	88.0%	81.2%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

10.3%	(38)	12.7%	13.3%
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Any additional evidence

The practice manager confirmed that action had been taken to try to reduce exception reporting for long term conditions. The practice had ensured their registers of patients with a long term condition were up to date and had introduced new software that flagged up monthly patients requiring a review. In addition, the practice manager had implemented a system of telephone contact to remind patients to book appointments, this was followed by a letter if required.

The practice manager advised that their QOF data submission for period 2017/18 was lower by 1% than the previous year, however the practice exception reporting was also lower.

Other long-term conditions

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	74.5%	77.1%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (18)	8.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.8%	91.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (11)	12.2%	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 (01/04/2016 to 31/03/2017) (QOF)	87.1%	81.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	4.1% (22)	5.0%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	90.6%	86.8%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (1)	6.6%	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. (01/04/2016 to 31/03/2017) (NHS England)	58	63	92.1%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	57	61	93.4%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	57	61	93.4%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	57	61	93.4%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	51.9%	64.9%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in	65.0%	59.0%	70.3%	N/A

last 36 months (3 year coverage, %) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	N/A	N/A	N/A	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)	72.2%	76.3%	71.2%	N/A

Any additional evidence

The practice was aware that they had a lower than average achievement for cervical screening. They had reviewed their eligible patients for this screening and identified a number of factors that potentially influenced their performance.

These included:

- The practice had identified a significant number of patients had been coded incorrectly by one clinician, and these patients had been excluded from the data. The practice manager had made sure all clinicians received information and support to code patients correctly.
- The practice had many patients who were university students. The review identified that there was a large cohort of patients who were potentially no longer living within the area following the end of their university education. The staff team had attempted to make direct telephone contact with these patient without success.
- Patients not attending for screening were contacted by telephone and the importance of this screening explained to them.

The practice manager stated that their current data which showed a 79% completion trajectory provided a good indication they had improved their performance in undertaking cytology smears.

Practice nurses were trained appropriately to undertake this screening.

The practice participated the Primary Care Standards initiative and as part of this implemented a locality peer review process of patients diagnosed with cancer by the urgent care route within the previous 12 months. The aim of the peer review was to share learning with other practices. The review identified three areas of learning and improvement including appropriate read coding at the point of patient referral: review of the practice protocol for the on-call duty rota and the incorporation of time each day for the review of patient discharge summaries and the restructure of the administrative team to include dedicated roles for post and scanning to improve information work flow.

Mental Health Indicators

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.6%	90.2%	90.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (9)	12.5%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.9%	91.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (5)	9.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.2%	84.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (2)	6.9%	6.8%	

Any additional evidence

The practice maintained registers of patients who were housebound, patients with an advanced care plan in place and patients with fragility.

The practice held regular meetings with the district nursing teams and reviewed patients they supported included those on the practice's palliative care register. Patients with complex care needs were referred to the active case management team.

The practice provided GP care and treatment to three local care homes who provided residential and nursing care to patients with mental health problems including dementia and challenging behaviours. One GP was the lead for these patients and provided continuity of care for annual health and medication reviews. A sample of records we viewed confirmed these were up to date and comprehensive.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	535	539
Overall QOF exception reporting	10.2%	7.0%	5.7%

Any additional evidence

The practice manager confirmed that the practice had achieved 551.30 (unverified) points out of 559 for period April 2017 until March 2018. This equates to 98.6% of the points available.

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	Not fully
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	No
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>The practice manager identified upon appointment that a formal programme of staff training was not in place. Staff records did not consistently contain evidence of training and an overview of staff core training was not in place. The nursing team were up to date with their professional clinical training, although certificates or records of this training or other training for nurses and GPs was not available centrally for inspection. The nurse practitioner confirmed that on job informal clinical support was available and a weekly clinical meeting was undertaken.</p> <p>The practice had implemented work to address this including working with a human resource service to develop staff profiles, accessible to staff members to update their profile with training they had undertaken. In addition, the practice had signed a contract with an online e-learning training provider.</p> <p>Staff confirmed that they had not benefited in recent years from staff appraisal. The practice manager was aware of this. They confirmed that administrative staff had not been supported for several years and were not fully aware of their role and responsibilities. The practice manager confirmed the management team's priority had been to support the staff and allocate suitable dedicated roles and assist them to become experienced in these roles to meet the demands of a modern practice. Plans were in place to establish the appraisal system.</p> <p>Any further comments or notable training:</p>	

Since the recruitment of the practice manager the practice had instigated regular monthly half day training. This in part was to involve all staff in the changes that were being implemented and to raise awareness of relevant issues and to develop an ethos of working together. Training undertaken on the half days included, adults safeguarding, Caldicott principles and General Data Protection Regulation. The staff participated in the NHS Quick Start Programme looking at two areas: Common Approaches and Appropriate Appointments. The common approaches element required staff to undertake a self-assessment of their skills and abilities which was used to help identify training needs and inform staff development plans.

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)	96.0%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (31)	0.9%	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)	68.8%	53.8%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice implemented protocols in place to ensure consent was sought and recorded appropriately. This included reviewing patient records when investigating significant events and complaints.

The practice manager had implemented a training session with staff so that they understood Caldicott, information governance and the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with the data protection legislation.

Any additional evidence

The practice participated in the CCG Migrants initiative to provide equitable access to primary care to people including asylum seekers and the homeless.

One GP had undertaken the first cycle audit of opioid prescribing to patients at the practice. This identified 21 patients prescribed this type of medicine, seven of which were high doses of this medicine. The practice contacted the patients to advise them of the risk associated with this medicine. Of the seven patients prescribed high doses of opioid medicine two refused any reduction in their prescription. A second cycle audit was planned for July 2018.

The practice participated with their locality GP practice partners in the 'quality, innovation, productivity and prevention' (QIPP) plan. In January 2018 they had undertaken a peer review audit of all elective referrals to outpatients for gynaecology, gastroenterology and orthopaedic referrals. The audit identified the appropriateness of the referrals made and recommendations and learning from this.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	45
Number of CQC comments received which were positive about the service	41
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards.	41 out of the 45 CQC comment cards described the service, GPs and the reception team positively. Comments described the practice, GPs and reception team as welcoming, helpful and caring. Two of the four comments cards that provided mixed comments stated the reception team were consistent in their caring approach and could be quite abrupt at times.
Patient feedback (telephone)	We spoke with four patients on the telephone. Three spoke positively about the quality of care received. Patients described the practice, and GP care as 'outstanding or 'very good'. Two patients commented on the quality of care they received and believed this could have been better.
NHS Choices	There were ten ratings left on the NHS Choices between June 2017 and April 2018. These provide a mixture of rating from one star identifying concerns with reception, clerical errors and appointments and five stars describing the practice positively.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
8,460	390	4.6%	75	19.23%

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	68.9%	76.7%	78.9%	Comparable to other practices

(01/01/2017 to 31/03/2017) (GP Patient Survey)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	91.5%	88.7%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	100.0%	95.3%	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 (01/01/2017 to 31/03/2017) (GPPS)	92.4%	85.9%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	100.0%	91.3%	91.4%	Significant 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 treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	100.0%	90.1%	90.7%	Significant Variation (positive)

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

Any additional evidence
<p>The practice manager stated that she had identified several areas requiring improvement at the practice and these had been risk assessed and prioritised accordingly. They confirmed that developing patient participation and involvement in the practice was part of the practice plan for improvement.</p> <p>The practice did monitor their monthly friends and family feedback and provided data for the 12 months June 2017 and June 2018. This showed that they had received 507 responses, 91% recommended the practice 8% would not recommend the practice. The practice manager confirmed that the rate of positive responses increased monthly.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We asked patients whether they felt they were involved in decisions about their care and treatment. Patients told us they felt involved and that their personal decisions were considered. We were told they found the information in the patient waiting area provided useful support.

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National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	91.4%	86.5%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	86.4%	82.2%	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 (01/01/2017 to 31/03/2017) (GPPS)	92.4%	89.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	86.5%	85.6%	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	The practice had identified 7 patients who were carers, which equates to 0.08% of the practice list.
How the practice supports carers	The practice manager confirmed that this was an area that needed improving and this was on the practice plan to develop. The practice encouraged new patients at the point of registration to identify themselves as a carer. Alerts were placed on the patient's electronic patient record to flag to staff the patient's status. Patients identified as a carer were

	<p>offered a health review and there were notice boards and information in the practice signposting people to support services.</p> <p>The practice also had a recently installed Citizens Advice telephone installed in the practice entrance, so that patients could self-refer for support across a range of issues.</p>
How the practice supports recently bereaved patients	The practice provided support to patients on an individual basis. GPs told us usually the patient and family were known to one GP and this GP followed up by telephone of appointment with families and carer's following a death.

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	<p>The available space for the patient waiting room and the reception desk was limited and this potentially compromised the privacy of patients' conversations with reception staff and on the telephone.</p> <p>The practice manager was aware of this and was seeking solutions to improve patient privacy. The practice manager confirmed the installation of the self-check in had assisted in reducing people standing and queuing at the desk. The practice manager also confirmed they requested reception staff to speak in lower tones.</p>

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
Examples of specific feedback received:	

Source	Feedback
Interviews with patients.	Three patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would do this quietly and professionally. One patient we spoke with and one feedback comment card indicated that privacy of conversations with the reception team needed improvement.
Staff interviews	Staff told us they responded to patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available	
Monday to Friday	The practice staggers appointments throughout the day from 08:20 until 6pm.
Extended hours opening	
Wednesday	Appointments available from 07:00 with the nurse practitioner and the practice nurse for travel vaccinations.
Thursday	Appointments available from 07:00 with one GP and the nurse practitioner.

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	
The practice had one GP identified as the on-call duty doctor each day and they were responsible for seeing patients requiring an on the day appointment. They also undertook telephone triage of patients requesting home visits. If there were a high number of visits required these were shared out with the GPs.	

Any additional evidence
<p>In January 2018 the practice commenced a review of the service provided using the NHS Productive General Practice (PGP) Quick Start programme which aims to help release time for the practice team for care and to build improvement capability. One of the areas identified by the practice was the appropriate use of appointments by patients. Analysis of the data following this review identified that many of the GP appointments patients attended could have been responded to more appropriately by signposting more effectively.</p> <p>The practice implemented plan of action which included reviewing the skills mix of the staff team, in house training and up skilling of the reception team to better understand the role and responsibilities of clinicians and development of guidelines for reception staff to follow when assessing which clinician to direct a patient to. The practice planned to review appointment data again six months after implementation of this strategy.</p> <p>The practice had acted to bring supportive services in house to support their patient population. For</p>

example, the practice could offer in house ultrasound and audiology services. The practice had a dedicated phone line for Citizen Advice and staff had received training in how to support patients to self-refer themselves.

The practice supported the Migrant programme and the practice manager had presented information to other GP practices in their locality. This initiative ensured patients including asylum seekers, refugees and the homeless were provided with health care and support. The practice provided examples of patients who they supported and were homeless by arranging facilities locally. Good evidence was available demonstrating the use of interpreters and telephone interpreters to support patients whose first language was not English.

The practice worked closely with a local charitable organisation that provided safe house provision for people who had been trafficked.

The practice provided dedicated support to three residential care homes providing care and treatment patients with mental health illness and patients with challenging dementia type illnesses. The practice did not receive additional funding from the CCG to provide this service.

The practice was proactive in listening and promoting patients' wishes at end of life and we heard examples where the practice had worked closely with the patient, their families and palliative care services to enable patient to die with dignity in a place of their choosing.

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	78.1%	79.1%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	82.9%	68.9%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	65.1%	71.8%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	73.0%	70.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Telephone conversation	The four patients we spoke with stated had not experienced any problems accessing urgent on the day appointments. One person stated they had to wait for a routine appointment with the GP of their choice.
CQC Comment cards	Two out of the 45 returned comments cards referred to having to wait on occasion for a routine appointment with the GP of their choice.

Any additional evidence
<p>The practice identified that they were understaffed with GP hours and were actively trying to recruit to these hours. They confirmed they had secured the services of a long-term locum GP to provide cover one day per week.</p> <p>The practice regularly reviewed appointment capacity and demand to ensure patients received timely access to appointments. The practice manager had reviewed the consultation periods offered by the practice to ensure there was specific morning and afternoon consultation time periods. The duty doctor role and responsibilities had been extended to ensure all patient hospital discharge summaries were reviewed each day and appropriate patient contact made if required to ensure appropriate support services and medicines were in place.</p>

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.	14
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:
<p>The practice implemented a process reviewing complaints to identify themes and trends. A significant number of complaints (eight out of 14) referred to one staff member. The practice was aware of this. The outcome of complaints investigations and any learning from these were shared at the practice monthly meeting as required.</p>

Well-led

Leadership capacity and capability

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

The practice has been through a period of change with the retirement of three long established partners within the last two-year period. The practice management structure had also changed in this period. A new practice manager had been recruited and took up post in August 2017, they had identified significant gaps in the administration infrastructure of the practice. The practice manager working with the newer GP partners established and implemented a planned programme of improvement. The practice partners met weekly with the practice manager to review their progress in achieving its improvement objectives.

Vision and strategy

Practice Vision and values

The practice was going through a period of change and was working to develop an ethos of working together with openness and transparency. Many changes had been implemented including providing structure and areas of clinical leadership within the practice partnership, working and developing the reception and admin team's skills and areas of responsibilities, and implementing refurbishment and renewal plan for the practice communal areas and consultation rooms.

Culture

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

Source	Feedback
Interviews with staff	Staff we spoke to told us they felt the new practice manager and the GP partnership had made a positive impact on the quality of service provided. This included working as a good team and in the environment. Staff said the practice manager and GPs were approachable and helpful. Staff told us they felt the practice was open in its approach and friendly.
Practice meetings minutes	Minutes of meetings demonstrated that information about the practice including learning from incidents and complaints was shared. The monthly practice meeting was also used as an opportunity to provide training to staff.

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

Source	Example
Interviews with staff	Several staff provided examples of improvements introduced at the practice. These included involving staff in updating and developing protocols to reflect the actual activities undertaken by the team.

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 event record	A patient was contacted and advised to attend A&E for a check-up and blood tests following a mistake with the prescribing of pain relief. Full apology provided to the patient.

Complaint	A GP had realised that they had seen the wrong patient (there were two patients with the same name scheduled appointments). Upon realising their mistake both patients were contacted and full apology provided. A letter of complaint was subsequently received from a patient relative. The relative was contacted and explanation provided with an apology. The complaint was subsequently discussed at the practice meeting and areas of improvement identified and agreed
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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
Clinical areas of leadership and designated role and responsibilities for the administration team. Practice health and safety risk assessments	The practice manager had reviewed the infrastructure of the whole staff and identified ways to improve support to staff. This included allocating lead clinical roles for GPs and designated roles within the reception and administration team. This had promoted staff moral and motivated staff to achieve and contribute to the team.
Practice health and safety risk assessments	The practice manager had recognised that up to date health and safety assessments were not in place. As an immediate priority individual staff workplace risk assessments were completed and action to improve the health and safety of staff undertaken. For example, new desk chairs were purchased, heating providing in one of the nurse treatment rooms and CCTV coverage installed to observe the car park. The practice manager was aware that written health and safety risk assessments were not place but they ensured the working environment promoted staff safety. Environment and equipment maintenance records were in place and fire drills had been implemented. Full training in health and safety was scheduled for 28 June 2018.
Staff interviews	Staff told us there was an open-door policy at the surgery and they were free to raise any concerns with managers. They told us they were made to feel valued members of the team. The practice had recruited the services of a HR company and this offered staff individual support with issues including counselling.
Staff records	The practice was aware that the quality of staff records including, recruitment training and appraisal were not up to standard. However, a plan was in place to address this. The practice had signed up to an online e-learning company, a human resource and health and safety company to support the practice and the staff team.

Examples of actions to improve quality in past 2 years

Area	Impact
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Audit of patients taking sodium valproate.	Following patient safety alerts regarding taking the medicine sodium valproate in pregnancy, the practice assured themselves that the safety checks they had in place were appropriate for their patients.
Audit of pen needles usage and blood glucose test strips in patients with diabetes	The practice audited its prescribing practice in relation to this equipment. Following audit and review the practice had optimised their prescribing of these items and reduced health care costs.

Examples of service developments implemented in past 2 years

Development area	Impact
The practice had implemented a planned programme of refurbishment	The practice manager since her employment in August 2017, working with the GP partners had implemented a planned programme of refurbishment. This included reviewing and improving the ground floor disabled toilets so that they were now accessible to patients with disabilities. Other areas redecorated and refurbished included the patient waiting room, reception and the GP and nurse consultation rooms. The practice admin / reception team also wore a smart uniform since the change in the practice management team.
NHS Productive General Practice (PGP) Quick Start programme.	The practice had implemented a review of its service using the Quick Start programme. This review and subsequent implementation of two key areas improved service delivery including the appropriate use appointments and common approach to provide a consistent standard and approach to service delivery.
Investment in technology to support effective and efficient service deliver.	The practice manager had implemented action to increase the number of telephone lines available from four to six. This allowed patients access to four telephone lines, while ensuring staff had access to two telephone lines to make calls. The practice manager introduced equipment and software to ensure smooth document flow and task allocation and easy identification of patients requiring recall

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Discussion with staff indicated that learning from significant events and complaints was discussed and shared at practice meetings, meeting minutes confirmed this.
Practice specific policies	Practice specific policies were available however the practice confirmed these were still being reviewed to ensure they were relevant and accessible to the practice and the team.
Other examples	Staff recognised their role and responsibilities in ensuring the service they provided was to a good standard.
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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Systems and processes to respond to potential risks to patients.	Systems to respond to patient safety alerts, significant incidents and complaints were established and embedded. Appropriate action in response to potential risks was implemented and systems to look back and analyse these was in place.

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	Friends and Family Test	The practice monitored feedback received from patients through this medium.
Public	Practice website.	The practice was piloting the implementation of new website for the GP locality practices. The practice manager anticipated that this will provide a more accessible and responsive website for patients.
Staff	Open door policy. Staff meetings and minutes.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings. Good communication channels, for example email and electronic software systems.	The practice participates in the Manchester Primary Care Neighbourhood development scheme. Participation at the neighbourhood meetings contributes to mapping out service provision and plan for future developments.

Feedback from Patient Participation Group

Feedback
The practice did not have a patient participation group (PPG). The practice stated that there had never been a PPG at the practice and that she was currently advertising for patient support to develop this area. This was on the practice's plan for future improvements.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Improvements in the practice physical environment	The practice management team had implemented a programme of systematic redecoration and refurbishment. Other plans to improve patient access to the first floor of the building were in the early stages of development.
The introduction of software to improve staff effectiveness and efficiency and enhance patient safety.	The practice management team had introduced a range of software programmes to assist staff. These included a document work flow system, a programme to support referrals and a patient recall system.
The practice had acted to bring supportive services in house to support their patient population	The practice now offered in house ultrasound and audiology services.
Introduction of undergraduate medical student training	The practice had commenced offering placements to undergraduate medical students and plans were in place to develop this further.

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

Audit area	Impact
Opioid audit	The first cycle of this audit identified patients on long term strong pain relief. The outcome of the first cycle was a reduction in prescription strength of this medicine.

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>