

Care Quality Commission

Inspection Evidence Table

Albion Mount Medical Practice (1-3632457791)

Inspection date: 6 June 2018

Date of data download: 02 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	N
Explanation of any 'No' answers: Receptionists who acted as chaperones had received training but had not received a DBS check. Following our feedback, they told us they would reconsider this approach. After the inspection we received confirmation that these checks would be carried out for all relevant personnel.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any 'No' answers:</p> <p>Staff received hepatitis B vaccination and were offered annual seasonal flu vaccination. However, they were not screened for the full range of vaccinations; and MMR and varicella vaccines were not offered.</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:	Y January 2018
There was a record of equipment calibration Date of last calibration:	Y 12 March 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y May 2018
Actions were identified and completed.	N/A
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Y May 2018
Health and safety risk assessment and actions Date of last assessment:	Y May 2018
<p>Additional comments:</p> <p>The practice manager carried out a monthly health and safety and fire risk assessment. During the inspection we noted that a fire door had been wedged open. We also noted there was a loose paving stone to the exterior of the main site. Following our feedback, the practice told us they would contact an external agency to carry out an additional health and safety/fire risk assessment.</p>	

Infection control	Y/N
<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 audit had noted that toilet seats needed to be replaced. This had been actioned.</p>	<p>Y</p> <p>October 2017</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any 'No' answers:</p>	

Any additional evidence
<p>Legionella risk assessment had been completed and weekly and monthly checks were carried out. The legionella risk assessment was due to be repeated in August 2018</p>

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	N
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
<p>Explanation of any 'No' answers:</p> <p>Receptionists had not been formally briefed on the signs of sepsis. Following our feedback, the practice told us the GP who took the lead on teaching would prepare a briefing for reception and administrative staff at the next protected learning time event.</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.	Y
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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
<p>Explanation of any 'No' answers:</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)	1.21	1.17	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) _(NHSBSA)	6.2%	6.9%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
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.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y Y but not branch site Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Explanation of any 'No' answers:

There was a limited stock of emergency medicines held at the branch site. There was a defibrillator at the main site of the practice, but not at the branch site. The practice told us they would review this and consider purchasing a defibrillator for the branch site.

Prescriptions were logged and stored securely. Prescriptions were left in printers overnight in unlocked rooms. Following our feedback, the practice told us they would adopt a system of placing prescriptions in lockable cupboards which were available in all clinical rooms, at the end of each day. We were reassured this would be adopted with immediate effect.

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	4
Number of events that required action	4

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

Event	Specific action taken
A medicine which should only be prescribed for 18 months under the supervision of a specialist had been prescribed for a longer period.	The error was picked up during a medication review by the GP. The GP wrote to the specialist for advice, and the patient was told the medicine could not be issued at this time.
Patient had queried whether her relative had received a home visit as they had been scheduled to do. The GP had carried out the visit, but had finished work after this and gone home therefore the practice were unable to confirm to the patient's relative whether or not they had been visited.	A new system was introduced whereby the GP contacted the practice after completing any home visits before finishing work for the day.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Alerts were received by the practice manager who forwarded them to the clinical lead GP. Alerts were assessed and returned to the practice manager detailing any actions required. The practice manager held a copy electronically and in paper form. The practice was able to describe recent alerts and what actions had been taken.</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)	1.03	1.30	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)	93.4%	78.0%	79.5%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.1% (112)	12.5%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	85.5%	77.8%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (46)	7.3%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	86.3%	80.9%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (77)	9.8%	13.3%	

Other long-term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	94.5%	79.9%	76.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.1% (87)	6.4%	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)	99.4%	91.9%	90.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (14)	7.2%	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)	93.6%	85.1%	83.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (89)	3.3%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	100.0%	88.6%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.0% (12)	10.2%	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)	72	76	94.7%	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)	64	66	97.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	64	66	97.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	64	66	97.0%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	73.4%	73.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	62.8%	66.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	48.0%	49.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	50.0%	66.3%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	93.1%	91.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.6% (20)	9.7%	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)	100.0%	92.0%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.5% (16)	7.7%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	100.0%	84.0%	83.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.3% (8)	7.3%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554	544	539
Overall QOF exception reporting	11.4%	5.8%	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.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
The health care assistant had been employed prior to April 2015; and therefore had not completed the Care Certificate.	

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)	98.3%	96.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (77)	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)	40.0%	48.0%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Verbal consent was obtained for procedures such as immunisation and cervical cytology. Written consent was obtained for minor surgical procedures. The signed document was then scanned onto the patient's record.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	68
Number of CQC comments received which were positive about the service	50
Number of comments cards received which were mixed about the service	13
Number of CQC comments received which were negative about the service	5

Examples of feedback received:

Source	Feedback
Comment cards	<p>“I have been using this service ever since moving to the area six years ago. I have nothing but praise for the service and the staff are all fantastic. Their new booking system in a godsend”</p> <p>“Bad service. The appointments are given very late”</p> <p>“Lovely staff but trouble every time getting appointments”</p> <p>“Me and my family always have been with this surgery and I think it’s absolutely good. Never had a problem.”</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,547	297	2%	115	38.72%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	79.6%	75.9%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	91.3%	86.2%	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%	94.6%	95.5%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	88.1%	83.3%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	94.5%	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 (01/01/2017 to 31/03/2017) (GPPS)	91.8%	88.3%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Date of exercise	Summary of results
Ongoing	Feedback slips left out for patients at both sites, advertised as “you can help us get better”

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	“nice practice with good staff. Sometimes need to wait for appointments” “generally kind. Ok”

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)	84.0%	83.7%	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)	78.8%	78.7%	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 (01/01/2017 to 31/03/2017) (GPPS)	92.3%	88.5%	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)	86.4%	84.2%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	N
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	46 carers. 0.7% of practice population.
How the practice supports carers	At the time of inspection carers were identified and a register was kept. They were offered an annual seasonal flu vaccination. In line with the CCG Quality Improvement Activity initiative (QIA) they were planning to provide all carers with an information pack giving information about local services and other support available to them.
How the practice supports recently bereaved patients	A letter was sent to families who had experienced bereavement. In some cases, the GP telephoned the family in addition. The practice signposted families onto other services, or offered support as required. On occasion staff attended the funerals of patients.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The reception desk at the main site was screened off by a glass partition to maintain confidentiality whilst staff were taking phone calls. The room was small with limited capacity to create distance between the seats and the desk. Staff told us a private room was available if needed, and they were aware of the need for confidentiality and spoke quietly to patients during conversations.</p> <p>At the branch site the reception desk was open and the room was not large. Reception staff told us they spoke discreetly to patients and a private room was available if required. Seating was positioned as far away as possible from the reception desk.</p>
Feedback from practice manager	All staff sign a confidentiality agreement. All staff access information governance e-learning.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
Examples of specific feedback received:	

Source	Feedback
Staff member	"patients are asked to provide name and date of birth to confirm who they are"
Staff member	"it is quite hard on reception desk, but we think we do it ok. If we have to use phone, we use the back reception".

--	--

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	07:30-18:30
Wednesday	07:30-18:30
Thursday	08:30-19.00
Friday	08:30-18:30
Appointments available	
	Urgent on the day appointments were available from the on-call doctor who covered both sites. Nurse appointments could be booked three months in advance; doctors and ANP appointments could be booked one month in advance.
Extended hours opening	
	Albion Mount: Tuesday and Wednesday 7.30am to 8 am; Thursday 6.30pm to 7pm. Mountain Road: Tuesday 7.30am to 8am. The local federation were developing a shared extended hours scheme which would be delivered via three hubs across the district.

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	Y
If yes, describe how this was done	
<p>Patients requesting home visits were initially screened by reception staff using a detailed triage template. They then provided a summary of the reason for the home visit which was reviewed by the on-call doctor. If needed, telephone contact was made to clarify the situation. All home visits were shared amongst the partners/ANP.</p>	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	78.2%	77.6%	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)	71.7%	66.9%	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)	64.8%	69.6%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	65.0%	68.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient in waiting area	"appointments don't run to time. However, we are informed by the receptionist"
Comment card	"booking appointments is extremely difficult but overall level of care is good"
Comment card	"online booking appointments is best for patients"

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>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	5
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman(PHSO)	0

Additional comments:
<p>Letters to patients did not contain details of the PHSO at the time of our visit. Following our feedback, the practice immediately re-drafted their letters to contain these details, as well as NHS England details.</p> <p>At the time of our inspection the practice did not have a clear process for collating verbal complaints. Following our feedback, the practice developed a new proforma enabling receptionists and other staff to capture any such feedback.</p>

Well-led

Leadership capacity and capability

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

The practice leadership had a five year forward view plan to develop staff profiles to help meet the needs and expectations of the patient group.

Vision and strategy

Practice Vision and values

To deliver excellent care to all patients with dignity, respect and compassion. To support professional development and growth for all practice staff.

Culture

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

Source	Feedback
Practice manager	Open, friendly and supportive and continue to grow together
GP	Teamwork. Championing our patients

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

Source	Example
Practice manager	Staff were having difficulty with long shifts. Staff were empowered to resolve shift cover between themselves to make sure there was equity in those covering evening or early morning sessions.

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	A home visit consultation was entered into the wrong patient record (same name). The patient was informed of the error, a full explanation was given, and an apology.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff security at the main site.	Practice were considering options within the structure of the building which would improve security for staff.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. <input type="checkbox"/>	

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

Source	Example
Practice manager	A member of staff had a health condition which affected their ability to carry out their role fully. A risk assessment had been completed, and funds obtained to purchase many aids and appliances for the member of staff to use to help them

perform their duties.

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

Source	Example
Staff recruitment policy	“the staff at Albion Mount Medical Practice will ensure that the recruitment process offers equal opportunities to all persons, will be free from discrimination and comply with the principles of Equality Act 2010, Employment Rights Act 1996, Human Rights Act 1998, General Medical Services Contract Regulations 2004, Personal Medical Services Agreements Regulations 20014”.

Examples of actions to improve quality in past 2 years

Area	Impact
Safe prescribing	The practice had reduced their prescribing of an opioid pain medication by 44% in the preceding year. This reduced the risk of patient addiction, and reduced the possibility of the medicine being used inappropriately or illegally.
Minor Surgery audit	25 patients had been asked for their feedback on their experience of receiving minor surgery in the practice. 88% of patients said their experience had been excellent or very good.

Examples of service developments implemented in past 2 years

Development area	Impact
Appointment booking system changes.	The on-call doctor was on duty each day covering both sites. This increased the access of same day appointments for patients.
Telephone change	The telephone system had changed from a premium rate prefixed number to a local dialling code number. This reduced the cost of calling the practice for patients.

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	A patient who was unhappy with being offered a pre-bookable appointment instead of an on the day appointment. The practice reviewed the information they collated from patients to justify the choice of appointment offered. As a result, all staff were reminded to put full details into their triage assessment. They were also told to inform the on-call GP if the patient was unhappy
Practice specific policies	All policies were practice specific and were in date.
Other examples	GPs had lead areas and all staff were aware of these.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Wheelchair was available for patients to use when needed in the practice, risk of injury if not well-maintained.	A check and risk assessment was carried out each week to ensure that the wheelchair was in good working order with no obvious hazards or risks.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	"You can help us get better" slips	Reaching out to get patient feedback on a day to day basis.
Public	Practice website	The website contained a comprehensive amount of detail relating to the practice. General health related information was also available.
Staff	Staff meetings or informally	Staff felt they had a voice in the practice.
External partners	GP acted as clinical editor at the CCG	Full engagement of the practice with the CCG.

Feedback from Patient Participation Group;

Feedback

Two members of the PPG were contacted before the inspection. They told us that meetings were infrequent, but that they received information via a newsletter.

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

Examples	Impact
Feedback from patients that the premium telephone line was costly. Once the contract had expired the practice purchased a new system which had a local STD prefix number.	Calls to the practice for patients more affordable.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
One GP had extensive surgical experience prior to becoming a GP.	Patients were able to receive a comprehensive range of minor surgical procedures in-house at the practice.

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

Audit area	Impact
Contraceptive implants	Assurance that implants are fitted by an appropriately qualified and experienced clinician; and that they are fitted only when appropriate for the individual patient, and removed when required, due to clinical reasons or patient choice.
Prescribing patterns	With support from CCG pharmacist, the practice had reduced prescribing of benzodiazepines by 44% and antibiotics by 13% in the preceding year.

Any additional evidence

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>