

Care Quality Commission

Inspection Evidence Table

The Elms Practice (1-583577373)

Inspection date: 22 May 2018

Date of data download: 08 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
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 2014	Yes
There was a record of equipment calibration Date of last calibration: 9 February 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion 1 February 2018	Yes
Actions were identified and completed. The only action identified during the practice's latest fire risk assessment undertaken by NHS Property Services was to update the practice's emergency plan for the fire brigade.	Yes
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment: 29 August 2017	Yes
Health and safety risk assessment and actions Date of last assessment: 28 August 2017	Yes
Additional comments: On the day of inspection, the practice had posters on display to indicate that a fire alarm check would take place that day between 11am and 1pm. No fire alarm check was witnessed that day by the inspection team. The practice reported that the last fire drill took place within the previous six months; however, on the day of inspection, the practice was only able to provide written evidence of a fire drill taking place in 2014.	

The practice was required to obtain the evidence of all their risk assessment records from NHS Property Services as they did not retain their own records at the time of inspection.

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit: 15 March 2018	
The provider acted on any issues identified	Yes
Detail: We saw evidence of the most recent infection control audit, completed on 15 March 2018. It reported evidence of dust on the high cupboards in the practice, the need for wiping under equipment in treatment rooms and the different uses for yellow and green cleaning wipes. The audit documented the need of dating and signing all sharps bins when they are opened. Information about the replacement of sharp bins, within three months of opening, in all consulting and treatment rooms was also documented.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Any additional evidence
We saw evidence of clinical waste being appropriately stored in a locked and covered external compound next to the practice premises.

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.	No
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers: The practice's receptionists reported they were not aware of the 'red flag' sepsis symptoms. This was discussed with the practice who reported that receptionists were not trained to triage. Instead, the practice	

reported that receptionists have been instructed to refer any patients, who identify themselves to be seriously unwell, directly to a clinician for a full assessment of their symptoms. Since inspection, the practice has provided evidence of an action plan, a training schedule, a poster and a PowerPoint presentation that they have used to train their reception staff in recognising the 'red flag' symptoms of sepsis.

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
Explanation of any 'No' answers:	

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)	1.11	0.84	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)	11.5%	9.2%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for	N/A

unusual prescribing, quantities, dose, formulations and strength). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer. 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.	
Up to date local prescribing guidelines were in use. Clinical staff could access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

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.	8
Number of events that required action	2

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

Event	Specific action taken
An incident occurred when a patient experienced deterioration in their health, after being seen by a clinician earlier in the same day.	This incident was raised at a significant events meeting and all clinicians discussed the indications to undertake a full physical examination for some patients.

Safety Alerts	Y/N
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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: All safety alerts were received by email into the practice's and the Operations Manager's email inboxes. Each safety alert was printed off and reviewed by all clinicians. Each clinician then signed the printed copy of the safety alert. If actions were required, these were dealt with by the most relevant clinician and signed to indicate the actions had been completed. All printed copies of safety alerts were then stored in a folder in the office of the Operations Manager. A monthly check on the main websites for alerts was reported to be undertaken to ensure no alerts were missed. The practice created a policy on how to deal with alerts by the end of their inspection.</p>	

Any additional evidence
The practice confirmed that learning from incidents, including significant events, was only shared with relevant staff members. For example, if a clinical incident occurred, only the clinical team were informed. Learning from incidents was delivered via staff meetings, through emails or in direct face to face discussions with staff.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.13	0.79	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)	86.0%	83.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (110)	16.4%	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	82.7%	81.9%	78.1%	Comparable to other practices

reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) <small>(QoF)</small>				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (32)	9.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) <small>(QoF)</small>	76.9%	79.6%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (52)	14.8%	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) <small>(QoF)</small>	74.4%	76.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (36)	8.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QoF)</small>	89.6%	93.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.7% (36)	12.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is	77.4%	83.6%	83.4%	Comparable to other practices

150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (28)	3.9%	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%	88.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (18)	10.1%	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)	63	65	96.9%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	60	67	89.6%	Below 90% Minimum (variation negative)
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)	60	67	89.6%	Below 90% Minimum (variation negative)
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)	60	67	89.6%	Below 90% Minimum (variation negative)

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)	77.1%	76.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.9%	73.5%	59.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.6%	62.3%	42.1%	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)	88.5%	78.4%	67.1%	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)	93.8%	95.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 5.9% (4)	CCG Exception rate 9.9%	England Exception rate 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)	95.4%	94.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 4.4% (3)	CCG Exception rate 9.3%	England Exception rate 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)	81.2%	82.9%	83.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	5.5% (8)	5.1%	6.8%

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555	551	487
Overall QOF exception reporting	4.2%	5.6%	5.0%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>Any further comments or notable training: All non-clinical staff were reported to have received a 'mid-point mini-appraisal' in the summer of 2017 as the practice manager, who had only been in a post a year, wanted to gain insight to the roles of all staff prior to completing a full appraisal due to the changing nature of each individual's job roles. The practice provided an action plan to demonstrate they had arranged for full appraisals for non-clinical staff to take place during June 2018.</p>	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.3%	95.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	51.4%	49.5%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

We saw evidence of a written template used by the practice when seeking consent for immunisations and cervical smears. The practice reported that verbal consent was obtained and then documented directly in the patients' records when required.

Any additional evidence

The practice was aware of the data regarding children not receiving immunisations in line with the national averages. It was indicated that personal choice not to have some immunisations was the cause of the practice's percentages being below the national average.

The practice's system for monitoring and following up on failed attendances for children's immunisations or appointments following referral to secondary care involve the nurses contacting the family to rearrange the immunisation or to resend a letter for an appointment. If a repeat failed attendance occurred the GP would contact the family. If concerns continued, the matter would be referred to the Health Visitor of the local area.

The practice reported to undertake clinical audits as required by clinical need. We reviewed one clinical audit concerning the monitoring of patients currently receiving Dabigatran, undertaken in April 2018. The audit found that seven of the 14 patients receiving this medication had not had their creatinine clearance checked in the last 12 months. This was actioned accordingly, five of those patients were found to be in an acceptable range while the remaining two required a repeat renal function test. The practice reported instigating a plan to routinely review all patients on Dabigatran on a six-monthly basis.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	44
Number of CQC comments received which were positive about the service	43
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Patients spoken to on the day of inspection said they are always treated with kindness, respect and compassion by all practice staff. Patients described staff as polite and attentive to all needs.</p> <p>The comments received via the CQC comment cards included patients stating they received the right care and all staff were very helpful. Patients stated that receptionists were kind, happy to have a friendly exchange and often provide more interaction to patients as they waited to be seen by a clinician.</p> <p>The comments recorded on the NHS Choices website regarding the practice were mixed. These ranged from staff being efficient and professional to being stern-faced, dogmatic, and acting as if they owned the place.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
9,306	221	2.3%	112	50.6%

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)	92.3%	81.3%	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)	92.7%	91.1%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22	100.0%	95.9%	95.5%	Significant Variation

"Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)				(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)	90.9%	86.2%	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)	91.8%	91.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	92.3%	90.8%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
May 2018	The practice provided evidence of a patient feedback summary concerning one of the practice's clinicians. The feedback exercise was to support the clinician's ongoing professional development and contributed to their annual appraisal. Results from the feedback summary demonstrated that patients were happy with the care they received. 42 responses were received, 41 of which were completed by the patient themselves. Responses included that the clinician took the time to explain treatment options, the clinician gave positive advice, seemed to genuinely care and did not make patients feel rush.
2017-2018	The practice provided evidence of a feedback exercise for those patients using the practice's diabetic service. All patients confirmed that they would recommend the service to anyone else diagnosed with diabetes. All but one patient responded with being satisfied with the diabetic service that the practice provides and were happy to receive updates about any new services available to them.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	The patients we spoke to on the day of inspection reported they felt involved in the decisions about their care and treatment. They stated treatment options were

	explained to them and they could decide on the best treatment option to suit themselves.
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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)	90.8%	87.7%	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)	86.2%	84.3%	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)	90.8%	89.5%	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)	89.5%	84.4%	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 166 patients who were also carers, which was more than 1% of the practice's patient population. The patient registration pack includes details about registering as a carer. The practice confirmed that staff will help patients and relatives identify themselves as carers.
How the practice supports carers	The practice offered annual health checks to carers, and had actively signposted them to a carers support group based in the local area.
How the practice supports recently bereaved patients	The practice reported a GP would visit recently bereaved patients if they had been involved in the final days of the patients' end of life care.

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>All staff had completed Information Governance training annually. The practice confirmed that a lunch and learn training update was planned for the following week to introduce the new General Data Protection Regulation (GDPR) that was due to be effective from 25 May 2018.</p> <p>The practice had introduced an 'Advice Line' service for patients to access via telephone if they were unsure of what services they required. This service was provided by a member of the administrative staff who was able to signpost or offer advice according to the patient's request. Any clinical issues were raised with a clinician via the practice's internal messaging system and a response was intended to be provided to patients within two working days of contacting the Advice Line service. A comprehensive protocol to support the staff that operated the Advice Line service was seen post-inspection.</p> <p>The practice showed evidence of a 'quick message' system which allowed patients to write down any concerns they had whilst at the reception desk in an attempt to improve confidentiality in the practice. The completed information sheet would then be passed to the practice's Advice Line personnel who would forward the details to a clinician via the practice's internal messaging service and a response would be relayed to the patient as to what they should do.</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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00-18.30
Tuesday	08.00-20.00
Wednesday	08.00-18.30
Thursday	08.00-18.30
Friday	08.00-18.30

Home visits

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
If a patient requested a home visit, the receptionists reported writing the details of the visit into the GPs visit book. A patient summary would be printed out. The clinicians would then discuss all visit requests amongst themselves to prioritise and allocate between them. If a receptionist was concerned about a patient when they initially contacted the practice, the practice confirmed patients were put through to a clinician immediately for telephone triage.	

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)	80.1%	81.2%	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)	88.5%	77.9%	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)	91.9%	81.3%	75.5%	Variation (positive)
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)	86.5%	74.5%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>Patients spoken to on the day of inspection reported being able to access appointments in a timely way. Some patients had chosen to wait for an appointment as they wished to see a specific doctor and confirmed that the wait could be up to three weeks.</p> <p>Comments received on NHS Choices included those of temporary patients who accessed the service whilst visiting the local area. Comments included being able to access services quickly and without any issues.</p>

Listening and learning from complaints received

Question	Y/N
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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.	6
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice confirmed they addressed verbal complaints on the day. Written complaints were addressed accordingly to their complaints policy including a response letter being sent within five working days of receiving the complaint. A full investigation of the complaint would be undertaken and a letter summary of the investigation would be sent within 10 working days of the original complaint letter.	

Any additional evidence
On the day of inspection, the next available routine GP appointment for a specific GP was in eight days' time. The next routine appointment for any GP was in six days. A routine appointment with a nurse was still available on the day of inspection and 'on the day' appointments with a clinician were also still available.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The leaders of the practice demonstrated clear capacity and capability on the day of inspection, particularly in view of one of the GP partners having been admitted to hospital over the weekend. Each GP was prepared to take on any of their colleague's clinical work to ensure no patient had to be cancelled.

Vision and strategy

Practice Vision and values
There was a clear vision to provide the highest standards of medical care that the practice could sustain. Staff were dedicated to their commitment to treat all patients and staff with dignity, respect and honesty.

Culture

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

Source	Feedback
Staff Interviews	Staff described enjoying working at the practice, reported being supported both professionally and emotionally by colleagues. Staff reported managers and clinicians were approachable. Staff reported workload could be overwhelming at times but a colleague was always available to ask for help or assistance.

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

Source	Example
Staff Interviews	The practice had installed CCTV in the reception area following incidents of staff receiving abusive behaviour. The practice confirmed that no further incidents of abusive behaviour had occurred since the installation of the CCTV cameras.

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

Source	Example
Complaint regarding access to prescription.	A letter requesting medication from a patient was received at the end of January 2018. Due to unsuccessful calls to contact the patient the medication was not prescribed. A phone call from the patient's relative was received expressing dissatisfaction with the practice's action and unfair treatment. An email was sent as per the practice's policy within five days, apologising for the delay. The prescription was issued, staff were updated regarding the patient's situation and the patient was reported to be happy with the outcome. The incident was reviewed and closed by the end of February 2018.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Incident	The practice had installed a CCTV system in their reception area following an incident that prompted staff to report they felt unsafe and vulnerable.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

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

Source	Example
Staff Interviews	Staff confirmed that managers were approachable for assistance and they were able to raise concerns at any time. The managers at the practice confirmed that they implemented an 'open door' policy for any issues. All staff members reported they felt supported by GPs and their managers, and that they were always able to ask for support or help if required.

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

Source	Example
Staff Interviews	Staff members reported that a private room was available for patients if required. Any sensitive issues that patients did not wish to be overhead in the reception area could also be submitted to the practice using the 'quick message' system. This system allowed patients to write down their issue or concern which would then be reviewed by a designated administrator away from the busy reception area and discussed with a clinician. A response would be returned to the patient within an

	hour of attending the practice.
Practice training matrix.	Evidence provided by the practice confirmed that staff had completed Equality and Diversity, as well as Information Governance training.

Examples of actions to improve quality in past 2 years

Area	Impact
Audits	The practice provided evidence of one completed two-step cycle audit. The completed audit showed improvements had been made to how patients' care and treatment were being monitored in an efficient way.

Examples of service developments implemented in past 2 years

Development area	Impact
All populations groups	The practice reported that since their last inspection they had introduced a new Advice Line service to support patients in getting a quick answer to a concern or query that may not require a clinical appointment. The practice reported that the Advice Line had recorded more than 11,000 contacts in the preceding 18 months. The practice had not yet been able to analyse any data to see if the Advice Line had made any improvements to how the practice provided care or affected clinical workload.

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	Learning from complaints and significant events were shared with relevant staff members.
Practice specific policies	The practice's catalogue of policies was in date and contained appropriate information that was accurate and up to date. The practice was aware that their data protection policy required a review but was waiting for the new General Data Protection Regulations that were due to come in force on 25 May 2018 prior to reviewing their own policy.
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
Previous incidents of violence that had caused patients and staff to feel vulnerable.	The practice has installed CCTV in the reception area to monitor for any future incidents. There is a policy to support the use of CCTV in the practice. Patients and visitors were notified of the CCTV system when

they arrived at the practice.

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, Patient Survey, complaints, compliments	Through patient feedback the practice discovered that patients were not aware the practice had two telephone numbers which could be used to contact the practice. This was addressed in the practice's next patient newsletter.
Public	Patient Participation Group (PPG)	The practice has an active PPG who met with the practice every three months.
Staff	Staff meetings, appraisals, ad-hoc discussions	Staff reported they felt valued and had the opportunity to raise issues when it was required. Full practice meetings were held every six months while clinical meetings took place
External partners	Engagement meetings	Opportunities for practice to receive feedback from stakeholders and share updates for the practice.

Feedback from Patient Participation Group;

Feedback

The Patient Participation Group (PPG) reported that the practice was very open and the group felt valued by the practice. The PPG reported that meetings were held at the practice every three months, with the Operations Manager and at least one GP present. The PPG were reported to be instrumental in retaining the provision of a local phlebotomy service and the local voluntary service within the practice's premises to support the patients of the practice. The PPG felt the practice were responsive to the needs of the patient population by ensuring continuity of staff and offering a personal GP list.

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

Examples	Impact
Patient feedback following the practice's diabetic service.	The practice provided evidence of a feedback exercise for those patients using the practice's diabetic service. All patients confirmed that they would recommend the service to anyone else diagnosed with diabetes. All but one patient responded with being satisfied with the diabetic service that the practice provides and were happy to receive updates about any new services available to them.

Continuous improvement and innovation

Examples of innovation	Impact on patients
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and improvements	
Advice Line service	Patients could access the service if they were unsure if a clinical appointment was required. Matters rose included asking for repeat prescriptions, requests for sick notes or GP letters. The practice showed us evidence of the service receiving over 11,000 contacts in the 18 months since the service was launched but had not yet reviewed or evaluated its impact on the practice as a whole.

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

Audit area	Impact
Patient care	An audit of patients receiving Dabigatran undertaken in April 2018 showed that seven of the 14 patients receiving this medication had not had their creatinine clearance checked in the last 12 months. The practice actioned this accordingly with five patients found to be in an acceptable range while the remaining two required a repeat renal function test. The practice reported a plan routinely review all patients on Dabigatran on a six-monthly basis.

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: [018](#)