

# Care Quality Commission

## Inspection Evidence Table

### Fairfield Medical Centre (1-562750037)

Inspection date: 28 June 2018

Date of data download: 12 June 2018

## Safe

### Safety systems and processes

Safeguarding	
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.	Yes
Policies 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
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
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes

Recruitment Systems	
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 Public Health England (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

<b>Safety Records</b>	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes January 2018
There was a record of equipment calibration Date of last calibration:	Yes October 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes November 2017
Actions were identified and completed:	Yes

<b>Health and safety</b>	
Premises/security risk assessment?	Yes
Health and safety risk assessment and actions Date of last assessment:	Yes November 2017

<b>Infection control</b>	
Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified Detail: An action plan had been created with actions and the date of completion. We noted a few actions still to be completed but these were budget restricted. For example, replacing with elbow taps in several rooms. General cleaning schedules were in place and monitored by the cleaning company and practice manager.	Yes September 2017 Yes
The arrangements for managing waste and clinical specimens kept people safe	Yes

<b>Risks to patients</b>	
There was an effective approach to managing staff absences and busy periods	Yes
Comprehensive risk assessments were carried out for patients	Yes
Risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients	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 National Institute for Health and Care Excellence (NICE) guidance	Yes
<p>Explanation of any answers:</p> <p>Information had been given to staff to raise awareness of sepsis and acutely ill patients. Guidance had been issued to identify the signs to look out for.</p> <p>Emergency equipment included oxygen saturation monitors (used to record patient oxygen levels in the blood) and oxygen.</p>	

<b>Information to deliver safe care and treatment</b>	
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation	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
<p>Explanation of any answers:</p> <p>Clinicians made timely referrals in line with protocols and there were formal process in place for following up urgent referral appointments (including two-week rule appointments).</p>	

### Appropriate and safe 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)	0.85	0.98	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)	9.0%	10.0%	8.9%	Comparable to other practices

<b>Medicine Management</b>	
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 Patient Group Directions or Patient Specific Directions)	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength)	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance	Yes
The practice held appropriate emergency medicines	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	Yes
The practice had a defibrillator	Yes
Both were checked regularly and this was recorded	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use	Yes

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

<b>Significant events</b>	
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

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

Event	Specific action taken
Prescription for incorrect dose requested from private referral	Event discussed with the GP involved and at clinical meetings to ensure learning by all. GPs advised to check required dosages when dealing with unfamiliar or hospital drugs.

<b>Safety Alerts</b>	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: The practice acted on and learned from external safety events as well as patient and medicine safety alerts.	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.46	1.19	0.90	Comparable to other practices

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.8%	81.8%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (37)	10.2%	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)	80.9%	74.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (76)	10.4%	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)	85.0%	80.3%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (69)	13.7%	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)	77.2%	74.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (25)	7.3%	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) (QOF)	97.8%	92.4%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.4% (19)	11.7%	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)	84.0%	80.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (114)	4.1%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	89.2%	89.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (30)	7.0%	8.2%	

## Families, children and young people

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)	62	73	84.9%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	55	69	79.7%	80% or below Significant 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)	48	69	69.6%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	51	69	73.9%	80% or below Significant variation (negative)
<p><b>Any additional evidence or comments</b></p> <p>We spoke with the practice in relation to the below target immunisation rates. They informed us that they were aware that a number of their patients were from a hard to reach population group that could affect their figures. They could show us up to date information (but unverified) which showed targets had been achieved.</p>				

## Working age people (including those recently retired and students)

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)	76.6%	72.4%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.1%	69.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	64.4%	57.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a	88.2%	69.9%	71.2%	N/A



patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
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)	48.4%	50.1%	51.6%	Comparable to other practices

### People experiencing poor mental health (including people with dementia)

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.3%	91.8%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	17.0% (8)	11.2%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.5%	89.8%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	14.9% (7)	9.1%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.0%	81.3%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	7.4% (8)	6.0%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	531	539
Overall QOF exception reporting	5.1%	5.2%	5.7%

## 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) <small>(QOF)</small>	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) <small>(QOF)</small>	98.0%	94.4%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice was able to monitor that consent was sought for interventions through the patient records. The practice ensured that written consent was sought for minor surgery procedures; the completed forms were then uploaded into the patient record. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
Comments cards and patients spoken with	Most of the feedback received was positive about the practice. Patients said the staff were extremely caring and professional and they were treated with kindness and respect. The mixed comments related to the waiting time for appointments except one which was critical of the reception staff.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,373	223	121	54.26%	2%

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)	82.3%	78.5%	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)	95.6%	90.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	99.5%	95.7%	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)	90.0%	86.8%	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)	91.0%	91.0%	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)	95.5%	91.3%	90.7%	Comparable to other practices

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Staff	The practice could demonstrate that they worked to involve all patients in their care. For example, the practice put alerts on patients records when they were visually or hearing impaired so all staff could provide the appropriate support.
Patient feedback	Patient's comments we received told us they felt the GPs and nurses involved them in the decisions about their care and treatment.

## 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)	89.0%	86.9%	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)	93.6%	82.9%	82.0%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	89.3%	89.4%	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)	81.2%	83.5%	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	391 patients were identified as carers (including four young carers); this represented approximately 4% of the practice list.
How the practice supports carers	The practice proactively identified patients who were carers and all new patients were asked if they were a carer as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer. We saw information for carers was readily available in the waiting area which was up to date and there was information on the practice website. The practice was part of the Surrey GP Carers Breaks scheme, which allowed GPs to prescribe a limited number of carers, a break worth up to £250, based on a clinical assessment of health.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private. Staff we spoke with told us of practical ways in which they helped to ensure patient confidentiality. Patient information was never on view and dates of birth rather than full names were requested when taking phone calls. Patients could also book in via an electronic booking screen

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	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm
Extended hours opening Tuesday and Friday 7am – 8am Monday 6pm – 8pm	
A duty doctor was on duty every day and emergency appointments were available throughout the morning and at 2pm and 4pm.  On the day appointments could be booked via reception or on line. Patients could book appointments up to four weeks in advance and telephone appointments were available. Receptionists could request an urgent GP telephone appointment if they felt the patient urgently needed to be spoken with before making an appointment. For example, patients during a mental health crisis.  The practice was part of a federation of GP practices that offered evening appointments until 9pm and weekend appointments – Saturday 9am until 1pm and Sunday 9am until 1pm. These appointments were run from several locations in Leatherhead, Epsom and on the Downs. The federation also ran a children's extended clinic from 4pm to 8pm, which the practices patients could attend. Appointments could be booked through the practice or directly.	

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	
Reception staff record any information and pass on to the duty doctor. The duty doctor may call the patient for further information if required. The home visit requests are then discussed at a mid-morning meeting and where possible the patients GP would attend. Receptionists send an internal message to the GP and record the information onto a home visit book and print out any information required.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,373	223	121	54.26%	2%

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)	82.5%	75.0%	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)	58.0%	66.1%	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)	85.2%	75.2%	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)	80.7%	71.4%	72.7%	Comparable to other practices

**Any additional evidence or comments:**

The practice was aware that patients did not find it easy to get through to the practice by phone. In response, the practice had installed a new phone system. This allowed patients to know how far they were in a queue. The new system also recorded all phone calls and recorded the length of each call. The practice could use data from the new system to ensure that during peak times the phone lines were adequately manned. It also allowed the practice to use the recording of calls for training purposes.

Examples of feedback received from patients:

Source	Feedback
Comment Cards / Patient Comments	We received four comments that appointments could be problematic. However, we also received four comments that appointments were readily available.
Friends and family test	May 2018 - 284 patients out of 305 (93%) had replied to the question that they were likely or extremely likely to recommend the GP practice to friends and family if they needed similar care or treatment.

**Listening and learning from complaints received**

Complaints	
Number of complaints received in the last year	7
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	2
Additional comments:	
We saw evidence that complaints were fully investigated, with transparency and openness. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.	

# Well-led

## Leadership capacity and capability

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

On the day of the inspection the GP partners, practice manager and assistant practice manager demonstrated effective and supportive working relationships with each other and the other members of staff.

Leadership was demonstrated at the practice through regular staff meetings. For example, weekly partner meetings, weekly meetings with the nurses and fortnightly meetings with reception staff.

## Vision and strategy

### Practice Vision and values

The practice's aim was to provide the best and most appropriate patient centred healthcare services for their practice population, taking into account diversity, needs and beliefs.

The practice ethos was to provide high quality care to their patients with an emphasis on continuity of care and the training of GPs of the future.

Staff were able to describe the vision and values of the practice.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

Staff we spoke with told us that there was an open culture at the practice and they felt the GPs and management were very approachable. They told us they felt listened to and respected.

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

Source	Feedback
Staff	<p>Many staff had worked at the practice for many years and said the morale was high. Staff members told us they enjoyed working at the practice and that it was a good place to work. Staff told us that they were thanked for their work.</p> <p>Staff we spoke with told us they felt that communication was a priority within the practice. Staff explained that there were regular meetings and e-mail exchanges. Staff added that the GPs and practice manager operated an open-door policy. However, we noted that the practice had not had a full practice meeting with all staff.</p>



## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	All policies we reviewed were relevant and up to date.
Key protocol and procedure document	Staff could refer to a key protocol and procedure document found in each room. For example, the document contained information on adult safeguarding – who the practice lead was, phone numbers to call and who to report concerns to.
Learning from complaints and significant events	There were clear responsibilities, roles and systems of accountability to support good governance and management.
Other examples	There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which identified local health and safety representatives.
	<b>Y/N</b>
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 planning	Y/N
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
Increase workload for administration staff	The practice was training additional staff to take on the extra duties to help with the increase in data requirements within the practice.
New Nursing Home opened	The practice was working closely with a new nursing home. The practice attended daily visits and was working with the home to establish better lines of communication and protocols.
Violent patients	The practice had nine patients registered with the practice. Protocols were in place to manage this group of patients. This included ensuring that patients could wait in a separate room and see a GP of the same sex if required.

## Any additional evidence

The practice had noted that the demand for blood pressure (BP) monitoring had increased. The practice had invested in a stand-alone BP machine that patients could be used without the need of an appointment. Patients could use the machine and ask reception staff to enter the information on to their patient record. This had freed up some nurse appointments and was considered more convenient for patients.

## Appropriate and accurate information

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

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

### Feedback from Patient Participation Group;

Feedback
We spoke with a member of the Patient Participation Group (PPG). The PPG currently had seven members who met face-to-face and were starting a virtual group (communicating via e-mail rather than face-to-face meetings). The PPG tried to meet monthly and a member of the practice attended these. The PPG supported the practice in discussing new ideas and had arranged talks to the patients, which included a talk on cancer.

Any additional evidence
<p>Patients were able to engage with the practice via a variety of different methods including NHS choices, compliments, complaints, Friends &amp; Family Test, a patient comment box and via the PPG. The practice listened to what patients said and had made improvements in response. For example, the introduction of new digital telephone system (July 2017), appointment structure changes (March 2018) and the recruitment of additional nurse (February 2017).</p> <p>The practice engaged with its staff via staff meetings, annual appraisals, one to one meetings. Staff felt included and confident that their opinion and ideas counted. Staff told us they felt involved and engaged to improve how the practice was run.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
Audit to Improve Antibiotic Prescribing for UTI in patients over 70 years in Line with Local and National Agendas	The practice had succeeded in improving antibiotic prescriptions by significantly more than the 10% target.
Inadequate smear audits.	This was an audit every two years to ensure there was not a high rate of inadequate smears. The audits showed that the practice was in line with national figures.

### 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>

**Glossary of terms used in the data.**

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.( [See NHS Choices for more details](#)).