

Care Quality Commission

Inspection Evidence Table

Argyll House Surgery (1-547225108)

Inspection date: 10 May 2018

Date of data download: 07 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	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.	Y
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers: The Registered Manager had received level five child safeguarding training.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
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 answers:</p> <p>Practice showed us that all staff had been DBS checked.</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: June 2017	Y
There was a record of equipment calibration Date of last calibration: August 2017	Y
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 January 2018	Y
Actions were identified and completed. No issues identified.	
Additional observations: Practice Manager was the main fire marshal and daily completed dynamic risk assessment within the practice.	
Health and safety Premises/security risk assessment? Date of last assessment: May 2017	Y
Health and safety risk assessment and actions Date of last assessment: 5 May 2018	Y
Additional comments: The practice had a lift which was checked and included in risk assessments.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:03/05/2018</p> <p>The practice acted on any issues identified</p> <p>Detail: No issues identified</p>	Y
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	Y
<p>Explanation of any answers:</p> <p>Practice had completed hand washing training in May 2017.</p> <p>Practice had deep cleaning of carpets every three months by a local cleaning company.</p>	

Any additional evidence

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
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 National Institute for Health and Care Excellence (NICE) guidance. The practice used a sepsis toolkit.	Y
<p>Explanation of any answers:</p> <p>The practice was providing staff with a lunch and learn session from the local LMC in relation to deteriorating or acutely unwell patient and had been given guidance on identifying such patients.</p> <p>The practice used a sepsis identification toolkit.</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
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 answers:</p> <p>The Community matron saw people at home who had three or more long term conditions and this service had been shown to successfully reduce hospital admissions and GP appointments.</p> <p>There has been an emphasis in the past few months on completing Anticipatory Care Plans (ACPs) for as many patients in this age group who were interested. The ACP arranged extra clinics weekly in February and March to arrange this for as many as possible. The consultation involved discussion around wishes for place of care and resuscitation at end of life.</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)(NHS Business Service Authority - NHSBSA)	1.14	1.03	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)	12.4%	8.1%	8.9%	Comparable to other practices
Medicines 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 Patient Group Directions or Patient Specific Directions).				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 Controlled Drugs 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.				Y
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 General Medical Council 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.				Y
The practice had a defibrillator.				Y
Both were checked regularly and this was recorded.				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

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.	Five
Number of events that required action	Five

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

Event	Specific action taken
Seasonal flu notification received from pharmacy on 22/09/2017 but patient detailed on the paperwork had not had the flu vaccination This came to light on 1st Nov 2017 when the patients relative asked if patient could be given the vaccination at home as did not get out.	The practice confirmed with patient they had not had vaccine. Notified pharmacy concerned of error and asked them to check records. Removed from patient record the notification received advising practice patient had been vaccinated. Reported incident.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: The alerts go to the practice manager who checks them and forwards to relevant members of staff. Then any searches are made and patients checked according to the information in the alert.	

Any additional evidence

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)	0.97	1.21	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)	88.0%	80.8%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.9% (86)	17.2%	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)	87.6%	81.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (46)	11.1%	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)	87.0%	78.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	28.4%	(98)	17.8%	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>	88.2%	77.2%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.9% (105)	20.5%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	98.2%	92.9%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.3% (43)	19.5%	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) <small>(QOF)</small>	91.5%	85.6%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (30)	4.9%	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) <small>(QOF)</small>	100.0%	85.8%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	41.8% (33)	10.7%	8.2%	
Any additional evidence or comments				

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)	41	46	89.1%	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)	44	60	73.3%	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)	37	60	61.7%	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)	52	60	86.7%	Below 90% Minimum (variation negative)

Any additional evidence or comments

Since these figures were published the practice had met with the Isle of Wight Child Health and had sent weekly reports to them with details of child immunisation and these figures were said to have improved in the following years results.

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)	73.2%	72.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.4%	78.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.8%	59.6%	54.6%	N/A
The percentage of patients with cancer,	68.0%	62.4%	71.2%	N/A

diagnosed within the preceding 15 months, who have 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)	25.0%	48.1%	51.6%	Variation (negative)
Any additional evidence or comments				
The practice provided unverified evidence that the quality outcome scores for 2017-2018 for this indicator was now 100%.				

People experiencing poor mental health (including people with dementia)

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)	95.7%	89.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.2% (19)	19.0%	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)	95.5%	88.6%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.3% (21)	16.2%	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%	83.0%	83.7%	Significant Variation (positive)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	14.3% (7)	4.8%	6.8%
Any additional evidence or comments			

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	547	539
Overall QOF exception reporting	9.6%	7.5%	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) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.9%	94.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0.9% (14)	CCG Exception rate 0.8%	England Exception rate 0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was recorded in the patients notes and the reasons for requesting consent were explained to the patient. Consent could be given verbally or in written format.
Any additional evidence
The practice was aware of higher exception rating in some areas of data collection. They acted to encourage patients to attend clinics and the practice for reviews; the practice had taken on over 1000 new patients from a Ryde GP practice that had closed and they believed this may have affected the data.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	32
Number of CQC comments received which were positive about the service	32
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards.	All the feedback was very positive with patients stating that all the staff, nurses and GPs provided excellent care and treated patients with dignity, respect and privacy. New patients gave good feedback and were very happy to be at this practice.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,459	231	117	50.65%	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)	75.8%	81.2%	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)	89.1%	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)	96.5%	95.3%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	92.4%	87.0%	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)	87.3%	92.7%	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)	84.8%	91.8%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
January 2018	<p>During one week of January 2018, 250 patient surveys were handed out to patients that came into the practice. The number returned was 102 which equates to a return rate of 40.8%.</p> <p>Patient response to the practice was very positive and figures showed that 98% of responses showed patients felt that waiting times to check into the reception were good. Patients said that in 88% of the time prescriptions were ready on time and 100% said that reception staff were good. Overall 97% said that the length of time waiting to see the Doctor or Nurse was good.</p>

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with six patients they were all very positive about the practice. They were happy with the service and told us that they were always listened to and took part in decisions about their 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)	90.4%	88.7%	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)	83.8%	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)	80.8%	91.7%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	78.2%	87.4%	85.4%	Comparable to other practices
Any additional evidence or comments				

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.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	4.6%
How the practice supports carers	The practice had access to two care navigators used in the community to identify carers and sign posted them to support services. The practice also displayed posters in areas of the practice with information about services available to carers.
How the practice supports recently bereaved patients	GPs will contact families of bereaved patients and will support and signpost families to bereavement support services.

Any additional evidence

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	The reception area had a glass panel to provide security for staff. There was a lower desk for patients to speak with staff. Signs asked patients to respect privacy of patients at the reception area.

Question	Y/N
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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
Patient Survey 2018	Patient was very happy with the service the practice provides. Always seen quickly and staff very helpful and friendly.
Patient Survey 2018	Reception team very obliging and welcome with a smile. All practice staff very good resulting in a very happy patient.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00am-6.30pm
Tuesday	08.00am-6.30pm
Wednesday	08.00am-6.30pm
Thursday	08.00am-6.30pm
Friday	08.00am-6.30pm

Appointments available:

Routine clinic appointments could be made up to 6pm with exceptions made for those working late and for late emergencies. On Friday afternoons the practice had an open clinic with GPs and ANPs (assisted by an HCA) seeing all patients who need to be seen before the weekend.

Appointments were 10 minutes with GPs (longer if requested) and 15 minutes with the ANPs.

Routine Health checks including chronic disease, mental health and learning disability appointments were all 20 minutes or longer.

There was also availability through the seven-day working to be seen during the evenings Mondays – Thursday, all day Saturday and to schedule a telephone consultation Friday evening or Sunday morning.

Extended hours opening: extended hours appointments available with GPs or a nurse from 0700-0800 on a Thursday morning.

Home visits	Y/N
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

Staff accept a request without challenging if a home visit is requested. Patient's needing home visits were added to a list which was then reviewed by a GP. The GP checked each patient notes and called patient back to assess if a visit was needed or if other action such as for urgent needs to be escalated. GP made home visits during the lunch times. On the day of our inspection the practice had four home visits logged.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,459	231	117	50.65%	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)	87.5%	83.5%	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)	74.5%	75.2%	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)	71.4%	75.7%	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)	70.5%	76.6%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
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For example, NHS Choices	<p>Two examples of recent feedback:</p> <p>A patient recently had to have an appointment with the nurse because their asthma had become increasingly worse. The nurse was said to have been excellent, she explained everything to patient in a clear way, showed patient how to use the new inhalers nurse had prescribed me and agreed patient would return in a few weeks for a check-up.</p> <p>Another patient described how a GP was efficient, with a kind nature and a friendly approach with patient. The appointment started on time, and when later patient had to arrange a prescription over the phone, the whole thing was organised within ten minutes. At no point did the patient feel rushed or that was not being listened to, and would recommend this practice willingly.</p>
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Listening and learning from complaints received

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

Example of how quality has improved in response to complaints

Problem with repeat medication and pharmacy ordering. Senior receptionist telephoned patient and spoke to them and sorted out the issue. Patient happy that it had been dealt with and quickly. As a result, the practice ensured that there was improved communication with pharmacies.

Any additional evidence

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Well-led

Leadership capacity and capability

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

Although a smaller practice the practice has been working with the charity Action on Hearing Loss to provide clinics at the practice to check hearing. This practice is one of only three on the Isle of Wight to do this and it is part of a two-year pilot with the charity which is due to end in August 2018.

Any additional evidence

The practice has grown by over 25% following the closure of a nearby practice and had responded to the challenges well and new patient feedback confirms that the level of service had not declined.

Vision and strategy

Practice Vision and values

The Vision statement:

Mission Statement: Argyll House Surgery will offer a caring, friendly and professional service to all our patients and will advise, support and treat them equally, without discrimination.

Culture

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

The practice offered teenagers an appointment with the nurse to discuss issues including vaccinations, contraception, sexually transmitted diseases and testicular examination. The uptake for these appointments was high.

The practice had a register of home educated children and these are offered an annual appointment for a routine health examination with one of the GPs.

The practice had a register of patients with learning difficulties, who had an annual full medical assessment with a GP. There were several homes for vulnerable young adults very close to the surgery. In the next block there was a Salvation Army Hostel for approximately 50 homeless men. The practice accommodated these groups at short notice (which is often how they present) and when carers report concerns.

There had been an emphasis in the past few months on completing Anticipatory Care Plans (ACPs) for as many patients in the over 75years age group who were interested. The ACP arranged extra clinics weekly in February 2018 and March 2018 to arrange this for as many as possible. The consultation involved discussion around wishes for place of care and resuscitation at end of life.

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

Source	Feedback
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Members of staff	Good communication between GPs, nurses, managers and staff. Able to discuss topics of concern. A good atmosphere.
Members of Staff	Practice is very supportive and leaders lead by example. Open and discuss things with staff. Good team and patient centred approach.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Following developing a practice policy for the prescribing of benzodiazepines, A search was done on 30th April 2018 of practice notes to include the period beginning January 2018. This was for diazepam 5mg tablets only in the first instance, with plans for a subsequent audit of 2mg tablets later, as the former are more relevant and significant in terms of the practice and risks to patients and to being diverted to others.
Other examples	
Y/N	
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

Managing risks, issues and performance

Complaints	Y/N
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
Health & Safety	The practice manager produced full risk assessments for trips and falls within the building.
	The practice manger also completed daily visible health & safety checks around the practice.
	Health & Safety issues such as: Fire, Infection Control (incl. clinical waste), Emergency drugs, Equipment safety (fridge temperature monitoring) and Expiry dates vaccines/needles were reviewed regularly

Any additional evidence

--

Appropriate and accurate information

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

Any additional evidence

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Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice had a virtual Patient Participation Group (PPG) with 600 members. Feedback has been addressed in the form of an action plan after the last patient survey conducted by the practice. For example, since the closure of Garfield Road it has had an impact on appointment availability. Although the practice had always provided a high number of appointments, the practice had have also taken on an additional Advanced Nurse Practitioner. The practice also reminded reception to more actively promote the seven day working appointments.</p> <p>The PPG also posted their reports to the practice website for patients to review and there was an Autumn and Spring newsletter for patients.</p>

Any additional evidence

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Continuous improvement and innovation

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

Audit area	Improvement
A re audit of Prescribing of Citalopram in the 65+ age group.	The re-audit highlighted five patients over the age of 65 being prescribed more than the recommended dose of 20 mgs per day. Patients were called in for a medication review and decision to re-audit in 12 months was made.

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

Audit area	Impact
A re audit of Prescribing of Citalopram in the 65+ age group.	The impact is the same as the improvement as above. The re-audit highlighted five patients over the age of 65 being prescribed more than the recommended dose of 20 mgs per day. The patients were called in for a medication review and decision re-audit in 12 months.

Any additional evidence
Home Education audit: All home educated children were included in an audit to check they were still home educated and to invite in for a health check as they did not fall under the care of the school nursing team.

DO NOT DELETE THE NOTES BELOW

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](#)).