

Care Quality Commission

Inspection Evidence Table

Drs Hargadon, Atkinson, Thornton, Thinakararajan & Mr D Sheppard (1-571515540)

Inspection date: 6 June 2018

Date of data download: 31 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member(s) 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 and risk assessments performed where staff were not considered as requiring one.	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Nursing staff had achieved level three safeguarding training or were working towards this. Dispensary staff had received additional training and had DBS checks so they could act as chaperones as they were more readily accessible and were always on site with the GPs.	

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	Yes

role.	
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
Locum staff were checked for inclusion on the national 'Performers List'. This is a list accessible to the general public which provides an extra layer of reassurance that GPs, Dentists and Opticians practising in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service and the NHS Litigation Authority.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: April 2018	Yes
There was a record of equipment calibration Date of last calibration: February 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals. COSHH (Control of substances hazardous to health) assessments were stored in a locked cupboard with the products.	Yes
Fire procedure in place	Yes
Fire extinguisher checks -December 2017	Yes
Fire drills and logs- February 2018	Yes
Fire alarm checks- January 2018	Yes
Fire training for staff- February 2018	Yes
Fire marshals- Five fire marshals were in place to cover each day.	Yes
Fire risk assessment Date of completion- June 2015.	Yes
Actions were identified and completed. All actions were taken. Another fire risk assessment was being arranged to look at the impact on fire systems of recent building work.	Yes
Health and safety Premises/security/health and safety risk assessment? Date of last assessment: May 2018- actions included, replacement of new fire signs, areas redecorated and the business continuity plan being updated.	Yes

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: Six monthly by managing partner and lead nurse. Last audit completed May 2018. The provider acted on any issues identified</p> <p>Detail: Actions included the replacement of a rusty radiator and a bracket for a sharps bin. Both had been replaced. All clinical staff had completed infection control training and nonclinical staff followed an online e-learning module.</p> <p>The practice employed external cleaning contractors to clean the premises. Each area had a cleaning schedule checked by the cleaning supervisor. These documents were also monitored by practice staff.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with acute illness and presumed sepsis. For example, emergency equipment and medicines including antibiotics.	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
Partners and team leaders at the practice had recently had an away day in April 2018 to look at staffing within the practice for a planned change in working patterns. The meeting had resulted in additional staff being recruited to meet the needs of the practice. The administration team benefitted from an additional 36 hours per week, which was increased by another 24 hours per week following a further review of skill mix and staff rotas.	
There had been an increase in the number of dispensary items dispensed which had led to additional	

pressures on staff. The leadership team had reviewed this and agreed to increase the staff resources by an additional 10 dispenser and 14 dispensing clerk hours. The patient participation group had been involved in discussing the pressures of staffing and had welcomed the decision to recruit additional staff.

Existing staff had worked additional hours to cover unexpected staff absences and said, although they were tired they appreciated that the leadership team had listened to feedback and employed additional staff.

Information screens within patient waiting rooms helped patients to recognise the symptoms of sepsis and provided guidance about what actions they should take. Staff had access to written guidance in each treatment and consultation room.

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
A clinical administration team was in post and had received guidance and additional training in medical terminology. The team included administration staff who were supported by a GP. The admin staff were able to assist with some of the straightforward administration such as test results and hospital discharges not requiring follow up and calling patients back to the practice for follow up and referrals.	

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	1.20	0.98	0.98	Comparable to other practices

Indicator	Practice	CCG average	England average	England comparison
PU).(01/07/2016 to 30/06/2017)(NHSBSA)				
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	11.6%	9.8%	8.9%	Comparable to other practices
<p>We spoke with the GPs about antibiotic prescribing and discussed individual cases. We found prescribing patterns appropriate. We noticed that the practice offered significant amount of anticipatory prescribing for patients in the care homes. This allowed extremely prompt treatment to be delivered, for known and anticipated conditions, and was particularly of benefit to patients during the Out Of Hours period as it allowed very fast access to medicines. For example, we saw a number of patients who suffered from aspirational pneumonia in the care homes and this method of operation allowed these people to be treated in their own home without the need for an emergency admission.</p>				

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
<p>The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).</p> <p>There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.</p> <p>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.</p>	Yes
Up to date local prescribing guidelines were in use. 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 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
<p>There was medical oxygen on site</p> <p>The practice had a defibrillator</p>	Yes

Both were checked regularly and this was recorded by practice nurses.	
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
Prescribers at the practice told us changes to a patient's medicines or treatment following admission in hospital or treatment from another healthcare professional were monitored by the patients GP.	
None of the high risk medicines were on repeat prescription, enabling the GP to assess the patient's needs before the next prescription was issued.	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures (SOP). Last reviewed October 2018	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. Staff said there were no exceptions to this SOP.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was available to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
There had been a recent expansion and upgrade to the dispensary to offer more space and clearer collection points for patients. Security measures had been introduced following a recent incident. The dispensary was clean, well ordered and appreciated by staff.	

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 for all staff.	Yes
Number of events recorded in last 12 months.	26
Number of events that required action	22
<p>Staff said when things went wrong at the practice there was a culture of openness and support. Events were managed as and when they occurred and discussed on the same day. Recorded incidents and events included those affecting patients whether caused at the practice or from care at hospital. For example, where a patient received an incorrect letter from a local hospital. All staff were invited to the significant event meetings where all events were reviewed and learning discussed and shared.</p>	

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

Event	Specific action taken
A blood test result had not been actioned. No harm came to the patient.	Changes in the results management system were discussed and implemented. No further issues had occurred.
A verbally abusive patient came to the practice.	The police were called. The patient left the premises. All staff were reminded about the use of panic alarms as being not just for clinical emergencies.
A patient on blood thinning medicine (warfarin) was prescribed an antibiotic but no additional blood test (INR) was taken to assess the correct dose of warfarin.	Vitamin K was administered (medicine used to assist with blood clotting problems). No harm came to patient. All prescribers were advised of need to check INR values when prescribing antibiotics to patients on warfarin.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Any safety alerts came through the prescribing lead GP and Managing Partner. These were disseminated to staff by email and at relevant staff meetings.	

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)	0.83	0.99	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)	88.7%	82.4%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.0% (116)	19.7%	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)	89.6%	81.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.0% (121)	11.9%	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)	78.2%	82.3%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.7% (74)	14.9%	13.3%	

We spoke with the GPs about the higher than average exception reporting rates, including those for diabetic indicators. We saw that the practice had a higher than national average of older patients. For example, 14% of the practice population were over the age of 75 years and 37% over 65 years. This compares to the national averages of 10% and 27%. The practice also cared for older frail patients in two large care homes in the area. Many of the patients had been excluded from the reviews because of the increased risk of maintaining lower blood sugar levels in frail elderly patients. We saw all exceptions were based on clinical needs. Blanket exception reporting was not used.

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)	72.5%	75.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (53)	12.3%	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)	92.0%	91.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.9% (38)	13.7%	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)	81.8%	84.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (51)	5.2%	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	92.9%	88.3%	88.4%	Comparable to other practices

treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (22)	7.6%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	97	109	89.0%	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)	83	86	96.5%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	83	86	96.5%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	83	86	96.5%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	72.2%	75.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.8%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	58.2%	60.7%	54.6%	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)	91.0%	93.8%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (6)	16.0%	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)	91.2%	92.9%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (5)	13.5%	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)	76.7%	84.5%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (4)	7.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	559	551	539
Overall QoF exception reporting	8.1%	6.8%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience	Yes

to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	
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. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	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>Staff said there was a culture of learning and education at the practice and they were encouraged to develop within their roles. We were given examples where staff had identified training needs and had been provided with courses and educational programmes to attend.</p> <p>Training was identified informally during day to day discussions, at team meetings and more formally each year at the staff appraisals.</p> <p>Records showed the practice had been a training practice for doctors wanting to become family doctors and GPs since 1904. The practice continued to provide a learning environment for medical students (years two and five), year two foundation doctors (doctors who had just finished medical school training) and for doctors on a GP training programme. The practice had received good feedback from GP trainees, some of which had returned to work at the practice and become partners. Thank you cards from medical students described the practice as 'friendly', 'welcoming' and 'supportive.'</p> <p>The induction programme included a detailed induction and information pack for locum GPs. The practice had GPs who hold GPwSI (GPs with a Special Interest) qualifications in Ear nose and throat (ENT) and musculoskeletal medicine, one GP with an interest in aviation medicine and two with interests in sexual health. Another GP had a diploma in menopause management.</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	92.3%	94.8%	95.3%	Comparable to other practices

smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (10)	1.0%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	67.2%	51.4%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Consent was obtained through written format which was scanned into the electronic record or obtained verbally and recorded within patient notes.

Monthly multi-disciplinary team (MDT) meetings were facilitated to discuss patients receiving palliative care or those with complex long term conditions, patients at risk, or any patient that a MDT member had concerns for.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received and written feedback from a member of the patient participation group	32
Number of CQC comments received which were positive about the service	32
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0
The mixed comment card included praise about the care and treatment received but also included specific information about an issue with a medicine which had been resolved.	

Examples of feedback received:

Source	Feedback
Friends and family Test- up until May 2018	98% of respondents would be extremely likely or likely to recommend the practice.

NHS Choices	At the time of our inspection the practice had achieved a five star rating (highest) based on five comments on NHS Choices.
32 Comment cards	All 32 comment cards were positive about the treatment and care received and about the staff at the practice. Many comment cards contained detailed comments including feedback of the 'helpful' 'considerate' and 'kind' staff who 'take time to listen' and 'help'. Cards also included comments about the 'excellent', 'efficient' and 'compassionate' care. There were no negative comments received.
Five patients	All five people reflected the views above. Patients said they never had a problem getting an appointment and parents said their children were always seen on the same day. Patients said staff were kind, friendly and 'helped wherever they could' to provide a 'super' service. Patients appreciated having the dispensary and said getting their repeat medicines was not a problem.
Google reviews	There were two five star ratings on the google review website.
General Practice Assessment Questionnaire	The practice used the GPAQ each year to benchmark their achievements. The 2017 survey showed the practice exceeded the national average patient satisfaction score in 27 of the 29 criteria. The results were shared with the patient participation group who agreed no further action was required.
Complaints vs compliments	We looked at 13 complaints received in the last year but saw many more thank you cards and letters displayed around the practice.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
9100	222	1.3%	121	54.50%

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)	92.9%	86.6%	78.9%	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 listening to them (01/01/2017 to 31/03/2017) (GPPS)	97.6%	92.3%	88.8%	Variation (positive)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	100.0%	97.4%	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	96.0%	90.5%	85.5%	Variation (positive)

treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)				
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)	96.7%	93.4%	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)	93.3%	93.8%	90.7%	Comparable to other practices

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	All patients said they felt involved in decisions about their care. Patients said they had been given written information to take away which explained more complex health conditions.

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)	94.9%	90.9%	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) (GPPS)	97.4%	87.8%	82.0%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	95.4%	92.7%	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	91.1%	89.8%	85.4%	Comparable to other practices

good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)				
--	--	--	--	--

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

Carers	Narrative
Percentage and number of carers identified	The practice had a register of 125 carers representing about 1.5% of the total number of patients registered at the practice.
How the practice supports carers	Patients were identified as carers at the registration or through staff interactions. Patients who were registered as carers were offered flu vaccines by way of written invitation. They were offered home visits for the cared for person when required. Staff at the practice signposted carers to other services and offered help arranging transport when required.
How the practice supports recently bereaved patients	The GP most familiar with the bereaved relatives made contact following death to offer support.

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	There was an archway to distance the next patient from the desk and the waiting areas were in a separate area to the reception desk.

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	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Thursday	18:30-20:30 (alternative weeks)
Friday	08:00-18:30
Saturday	09:00-11:15 (alternative weeks)

Extended hours opening were offered on alternate Thursdays and Saturdays.

The practice staff were in the process of working with other practices within the locality to discuss the provision of extended hours.

The GP partners had made a conscious decision to ensure GP/patient ratios were kept at manageable levels to ensure 'quality' patient care could be provided. Patient appointments were 10 minutes long each morning and 15 minutes long in the afternoon to enable more in depth discussions and treatments to take place. Staff also had authority to extend appointment times where necessary.

Since the last inspection the practice, as part of core services, had increased the clinical commitment to the care of patients in both nursing and residential homes in the area. At the last inspection the practice dedicated one clinical session per week to these patients. A GP now spent two sessions per week visiting the nursing homes and also had a booked telephone call each Monday morning with the largest of the homes to manage any issues that may have arisen over the weekend.

The nurse practitioner also spent two sessions per week visiting the residential homes.

This increase in resources had been required by both an increase in the number of patients together with an increased complexity in the care required and had seen a positive impact for patients and reduction in emergency hospital admissions. For example, patient numbers at the care homes had increased by 26% since 2015/16 but the practice emergency admissions had reduced by 14% when taking into account the increase in care home patients. For example, the average number of patients in care homes in 2015/16 was 73. By 2017/18 this number had increased to 92. Between 2015/16 and 2017/18 the number of emergency admissions had dropped from 33 to 29 (45% to 31%) a 14% reduction. We saw four written testimonials from these care homes which praised the practice staff and stated that the service provided by the practice had resulted in a reduction of care home staff having to chase appointments, medicines and home visits.

The practice shared the care of 101 patients with a local addiction service (Addaction Liskeard). This was a reduction of 13% in the number of patients compared to the previous 12 month period. However, the practice had experienced an increase of 18% in Addaction contacts and referrals, reflecting the general increasing complexity of such patients. The practice had also completed a specific piece of work last year where practice staff worked with Addaction to highlight patients on anti-depressive medicines who were also being prescribed Methadone. The exercise resulted in 20 patients having their anti-depressive medicines titrated down and ultimately stopped - in line with best practice.

As part of core services GPs at the practice provide care to six residents in a local care home for people with drug and alcohol abuse. All six patients were registered at the practice and have complex medical requirements. Staff said they enjoyed caring for these patients but acknowledged the additional time

and support required to develop appropriate professional relationships compared to the average new patient. Data showed that these patients required on average five times as many contacts per year compared to the average number of contacts for other patients.

Vulnerable patients and those with mental illness made particular use of the acute GP appointments that were booked on the day that the patient wished to be seen. We were told of examples where staff went above and beyond to ensure patients had their needs met. For example, one patient recently presented with significant leg ulceration and when they failed to keep a pre-booked appointment a nurse practitioner contacted them the next day to discuss their care and subsequently arranged to see them in her clinic despite being already fully committed time-wise.

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	
Requests for home visits come through to the patient advisors who then monitored that requests were actioned by the GPs.	
The practice had been responsive to the needs of patients and had also organised home visits proactively. The GPs took part in a rota system to be the 'visiting GP' each day. The benefits included morning home consultations and treatment and if a patient needed to be admitted they would have access to secondary care earlier in the day which reduced patient anxiety and provided more time for tests and investigations to take place. The GPs explained that this system worked well and helped reduce the time patients spent in hospital.	

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)	85.0%	84.0%	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)	86.1%	79.3%	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)	82.4%	82.1%	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)	80.6%	81.9%	72.7%	Comparable to other practices
---	-------	-------	-------	-------------------------------

Examples of feedback received from patients:

Source	Feedback
Interview with five patients, 32 comment cards.	All comment cards and interviews with patients were positive about access at the practice. Parents of children said their children were always seen on the same day and they also could see a GP on the same day. Patients said they could also speak to the GP on the telephone if this was more appropriate.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	13
Number of complaints we examined	13
Number of complaints we examined that were satisfactorily handled in a timely way	13
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1

Additional comments:
Any actions taken were recorded on a complaints register. These were reviewed each year and demonstrated duty of candour. Four of the complaints were upheld and three partially. There were no themes in the formal complaints. Trends in informal feedback were also monitored and had resulted in changes and action being taken. For example, negative feedback regarding the telephone system had resulted in a new telephone system being introduced in which patients were informed of their position in a queue.

Well-led

Leadership capacity and capability

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

The partners and managing partner provided an inclusive style of leadership. There was active planning in place to ensure stable staffing and skill mix. There was a culture of staff development and keenness to continue the legacy and reputation as a training practice.

Staff said they enjoyed working at the practice and many had been employed for over 10 years. Staff said they felt valued, listened to and respected. Staff said all the GPs, team leaders and managing partner were approachable, kind, supportive and responsive to new ideas, feedback and suggestions.

The managing partner provided a visible presence by daily walk rounds involving informal discussions with staff.

The practice had a well-appointed staff room which staff told us facilitated positive interactions between staff teams at the practice. We saw evidence of this during our inspection.

Putting patients at the centre included responding to the increased needs from patients. For example, the development and extension of the dispensary and the introduction of a new acute care hub so patients could receive their care and treatment in one area of the practice.

GP partners and the managing partner demonstrated effective working relationships with each other and were supportive of each other whilst acknowledging strengths and encouraging extra-curricular memberships and activities.

Many partners had previously been at the practice as GP trainees and chosen to return because of the leadership style and culture of the practice.

Vision and strategy

Practice Vision and values

The leadership worked to 'put the patient first' fostering a culture of 'respect' and continually 'listening, learning and monitoring.' These vision and values were agreed by the wider staff team. Staff said there was mutual sense of respect shared within the practice and that the leadership team 'regularly ask' staff 'if there is anything that needs to change'.

Culture

Examples of feedback from staff or other evidence about working at the practice and examples of changes made by the practice as a result of feedback from staff

Source	Feedback
Staff interviews	We received 15 completed staff questionnaires. All contained positive comments about working at the practice. Staff spoken to said they felt valued and respected by the leadership team. The staff were encouraged and supported to develop within their roles. For

	<p>example, one of the nursing team had recognised a need for a cancer liaison nurse within the practice. The leadership had supported the nurse through her Macmillan training with the plan to introduce a Macmillan liaison service at the practice in the next few months. Another member of staff had requested more responsibility and had been encouraged to apply for a team leader post. They were successful in this and were now enrolled on a management course to support their transition into the role.</p> <p>Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered. For example,</p> <ul style="list-style-type: none"> • Feedback about the stresses and workload had resulted in a restructure of services to make the service more efficient for staff and patients. • Recruitment of additional staff. • Additional safety measures in the dispensary following an incident • Changes to administration systems to prevent home visits being missed • Changes to the dispensary services to assist patients more efficiently <p>Staff said they were supported at the practice and gave many examples where they had been supported 'appreciated' and 'cared for' both personally and professionally.</p> <p>Staff who had retired opted to return to the practice to act as locums and bank staff.</p>
--	---

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

Source	Example
Complaints and significant event records	We saw evidence of duty of candour demonstrated with all significant events. Patients were contacted verbally and by letter to discuss issues and were given an apology where needed. Patients had also been invited to the practice to meet with the GPs and managing partner where appropriate to discuss clinical care.

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 feedback	Installation of staff lockers so staff could safely and securely store their personal belongings
	Installation of a security screen at the dispensary to protect staff.
	Complimentary social events twice a year.
	Participation in the childcare voucher scheme.
	Provision of free yoga sessions once a week for all staff. Staff on their day off

often attend these sessions.
Organisation and funding of significant additional psychological therapies for staff where required.
Alteration, increase and reduction in working hours according to need and request.
Financial recognition to acknowledge staff commitment to patients over the winter period.

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

Source	Example
Staff interviews	Support of staff returning from maternity leave
	Promotion of staff regardless of age
	Adjustment in work hours

Examples of actions to improve quality and service developments in past 2 years

Detail	Impact
Administration changes over the last year, recruitment and investment in staff training	<p>This had meant skilled administrators were able to use strict criteria and guidelines to filter work to the GPs and streamline the 'on the day' workload so the clinicians had more time with patients. For example, not all letters had to be read by GPs now. An example being, a normal diabetic screening result was coded and scanned into the patient notes for the attention of the GP at the patient's next appointment.</p> <p>All clinical administration jobs were now put on one screen which had highlighted the sheer volume of work done by the administration staff. This had further identified the need for more admin staff who were in the process of being recruited.</p>
Participation in the Time4Care programme. (A quality assessment of general practice)	The programme resulted in basic blood tests and patient notes being processed in a more streamlined way. This made the process more effective and had a positive impact on reception staff time and resources.
A review of the daily pressures of the acute needs of patients and impact this was having on staff resulting in an increased risk for patients.	A significant event where a home visit request had not been translated into a visit action was the final driver of a new way of providing care to patients requiring care on the same day.
In addition, there had been staff changes and retirements of the previous stable workforce.	Patients were now triaged into the acute clinic and seen by either a Hub GP or nurse practitioner. For example, previously patients would have been seen by the GP,

<p>A nurse practitioner had been employed.</p>	<p>sent to the nurse's wing for further tests and investigation and the nurses would then wait for an opportunistic moment to review the results with the GP. Patients were now seen in the same clinic by the same GP for continuity. The patient participation group had helped to direct patients to the correct area.</p>
<p>A review of the amount of dispensed products over the last 10 years showed the amount of products issued 10 years ago was approximately 3500 products. Three years ago, this increased to 8000 and this year was 11000.</p> <p>The amount of blister packs provided for patents had increased to 90 per week requiring additional dispensary staff.</p>	<p>As a result, the dispensary had been extended in August 2017. The new dispensary had been fitted with new storage facilities, air conditioning and safe storage for medicines.</p> <p>Additional dispensary staff had been recruited.</p>
<p>It had been brought to the attention of the leadership team that patients in the community would benefit from near patient testing but were not able to access this because of a lack of equipment in the community. Near patient testing is where a blood test to assess the blood of patients on blood thinning medicines (warfarin). The blood sample is taken at the time of the consultation with instant availability of results to make immediate and informed decisions about warfarin doses.</p>	<p>The GPs had purchased a near patient testing kit for the district nurses to use so their patients could have their medicine doses adjusted in a more timely way.</p>
<p>Practice nurses had identified equipment which would make the Doppler assessment simpler, more effective and quicker. A Doppler ultrasound is a non-invasive test for patients requiring wound management that can be used to estimate the blood flow through a patients blood vessels.</p>	<p>The GPs purchased this equipment and were seeing appointment times reduce.</p>
<p>There had been a request from patients about consultations online.</p>	<p>The practice had recently introduced eConsult, an online service enabling patient access to self-help, which allows them to complete administrative tasks such as requesting a sick/fit note remotely. The system made it easier for GPs to assess what medical care the patient needed. The number of consultations were being monitored but it was too early to identify benefits and complications.</p>

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	The practice kept a log of complaints. Any trends were acted upon. For example, a trend in comments and feedback about the telephone system has resulted in a new telephone system being introduced.
Practice specific policies	Policies were available on the practice intranet which was accessible to all staff. These were kept under review.
Staff were able to describe the governance arrangements and were involved in these.	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 The business continuity plan had recently been reviewed and updated.	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
A risk to staff safety in the dispensary	A risk assessment was performed and resulted in a safety screen being introduced.

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	Face to face Facebook NHS Choices Complaint procedure Newsletter Patient Participation group (PPG)	The practice produced a monthly newsletter with updates on practice news, health promotion and staff changes. Engagement with social media enabled patients to keep up to date with developments at the practice even if they did not visit regularly. Patients spoke with reception staff on an informal basis. Staff then fed this information back to the leadership team who consider any action. A recent example included difficulties from patients in getting through on the telephones. Staff gave this feedback to the leadership team who introduced a new telephone system.

Staff	Open door policy Informal feedback Staff meetings Appraisal	Staff said they felt able to raise concerns or ideas and added that they felt confident and explained that the leadership team listened and acted on their suggestions. Staff felt included in the day to day running of the practice.
External partners	Complaints Face to face Significant events	The leadership team welcomed feedback from external stakeholders and added that feedback was usually positive. We saw feedback from three care homes who praised the staff and service provided.
Public	TIC TAC- an informal advice, information and resource centre at the local community college.	GPs provide non-judgemental, private consultations where young people could get advice or information including about smoking, puberty, mental health, alcohol, family concerns, bereavement, drugs, contraception, healthy eating, acne, stress, bullying and much more.

Feedback from Patient Participation Group (PPG);

Feedback

The practice had a well-established PPG group. The group had been running for over ten years and met every two months. There were 47 members and at least 12 members attended each meeting. The leadership team valued the input from the PPG and the members said the managing partner listened to and acted on criticism and feedback.

Each meeting also included speakers invited by the PPG. These had included talks from the chief operating officer from the CCG, talks from a pharmacist, physiotherapist, optician, expert patients and the GPs from the practice.

The PPG told us they had set up a walking group and had been supported by the practice in this project. For example, indemnity insurance had been funded by the practice.

The PPG said they had had been involved in many aspects of the practice. These included input in:

- The refurbishment of the building
- Provision of information TV screens in the waiting room
- Requesting additional staff
- The repeat prescription process
- Sharing views of how discharges are handled at the nearest acute hospital
- Setting up a local 'leg club' in the community
- The eConsult pilot scheme before it was introduced
- Applying for a pilot to introduce a mental health worker for the locality
- Assisting in signposting patients to the new acute care hub.

Continuous improvement and innovation

Examples of innovation and improvements

Impact on patients

<p>A GP and managing partner represented the practice as a locality lead and were a director of a community interest company for Kernow health board.</p>	<p>The staff represented the practice and were involved in any changes in primary care in the area. There were two practices in Liskeard and nine within the locality. A recent example of action was the appointment within the locality of a project manager to help the GP practices in the locality recruit on a wider basis.</p> <p>The group were also working together looking at ways to provide the 8am-8pm service in the locality through collaborative working and looking at ways to streamline the IT services used by practices.</p> <p>The group had also applied to be a pilot for a mental health worker in primary care and had applied for a CCG pharmacist to work in the locality.</p>
---	--

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

Audit area	Impact
<p>We saw details of eleven audits. Two were of completed cycles</p>	
<p>Contraception implant audit looking at the cost effectiveness contraceptive implants. (NICE suggest their use becomes cost effective if the implant is in for 2 or more years)</p>	<p>A search was done for all implant prescriptions issued in the past four years. 34.80% had been removed before two years. A follow up audit two years later showed that in 2017 21.60% of implants had been removed before two years. These rates were lower than the NICE series of 37% and suggested the practice staff continue to counsel patients well before insertion.</p>
<p>Lithium monitoring. This medicine is used for the treatment of mental health illness and has many side effects. Patients on this medicine require regular monitoring.</p>	<p>This recent audit included a search of patient on this medicine. 16 patients were identified and 14 had received a recent review. The remaining two patients were recalled for a review. A repeat audit was scheduled for three months' time and awareness raised of the need to monitor these patients.</p>

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>