

Care Quality Commission

Inspection Evidence Table

Claremont Medical Practice (1-542694304)

Inspection date: 19th June 2018

Date of data download: 21 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: August 2016	Y
There was a record of equipment calibration Date of last calibration: September 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: 2014. Regular checks and servicing every week on fire safety equipment such as extinguishers, emergency lighting. A professional contractor maintained this	Y
Actions were identified and completed.	Y
Additional observations: Fire Drill every six months. Most recently December 2017.	
Health and safety	Y April 2016

Premises/security risk assessment? Date of last assessment:	
Health and safety risk assessment and actions Date of last assessment: April 2016. Health and safety audit was in process of completion. Power assisted doors have been installed as a result of this audit.	Y
Additional comments: Health & Safety Working Group meeting scheduled for June 2018	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 29 May 2018 The provider acted on any issues identified Detail: The provider identified that foot operated pedal bins were required for every room, this had been acted upon. Lights had been identified as being dusty, these had been cleaned.	Y 29 May 2018
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	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 NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out	Y

changes to the service or the staff.	
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Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017) _(NHSBSA)	0.95	0.96	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)	10.1%	10.6%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	

If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
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

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary?	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	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.	25
Number of events that required action	24

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

Event	Specific action taken
<p>Duty nurse asked duty GP to see a temporary resident who had been sent over by MIU. History of central low chest pain.</p>	<p>Echocardiogram (ECG) completed. Acute cardiac symptoms identified. Ambulance called and attended. Atrial fibrillation was confirmed. Patient taken to hospital.</p> <p>Shared learning took place. Teaching session with duty nurses was completed which covered chest pain and red flag symptoms. Case review with Minor Injury Unit</p>
<p>A terminally ill patient form requesting financial support was completed by GP and passed to medical secretary and put on reception for collection. Patient not made aware that the completed form needed to be collected.</p> <p>Paperwork should not have been kept at reception desk for two months without chasing up why had not been collected.</p>	<p>Shared learning took place. Process should have been made clear to patient. System changed to prevent any reoccurrence.</p> <p>All paperwork left in collection file on reception desk was dated and a system put in place to review items still outstanding for collection monthly.</p>
<p>Patient became pregnant, despite having a contraceptive implant in place (procedure completed by the practice). GP arranged an urgent appointment for implant to be removed.</p>	<p>Shared learning took place. Patient could have been brought in for a pregnancy test. GP has completed a leaflet for all patients that have an implant inserted. This advised patients of potential side effects and safe use of the implant.</p>

Safety Alerts	Y/N
<p>There was a system for recording and acting on safety alerts</p>	<p>Y</p>
<p>Staff understand how to deal with alerts</p>	<p>Y</p>
<p>Comments on systems in place:</p> <p>Safety alerts came in via email to the practice manager who then disseminated them appropriately to relevant members of staff. We saw evidence that a recent alert concerning vacutainers used for blood sample storage had been passed to the lead nurse who confirmed that the practice did not stock this item.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.94	1.05	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)	89.7%	81.7%	79.5%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (105)	13.7%	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)	84.7%	76.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (42)	12.1%	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)	84.3%	81.2%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	15.6%	(101)	15.8%	13.3%	
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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)	81.8%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.9% (101)	11.3%	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)	92.7%	89.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (37)	13.0%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	87.8%	84.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (49)	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 treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	96.1%	89.7%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	6.1%	(15)	8.5%	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)	118	125	94.4%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	109	115	94.8%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	106	115	92.2%	Met 90% Minimum (no variation)
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)	109	115	94.8%	Met 90% Minimum (no variation)

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)	79.9%	75.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.6%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	64.6%	61.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	59.2%	68.0%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	95.5%	85.2%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (3)	15.8%	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%	87.1%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (3)	13.7%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	84.3%	85.7%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (8)	8.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	559	543	539
Overall QoF exception reporting	5.5%	6.5%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>Any further comments or notable training:</p> <p>The practice had a focus on medical education. The practice provided training to nursing students, medical students, GP trainees and nurse prescribers. The practice had provided two of its nurses with training to become nurse prescribers. The lead nurse had been supported to complete mentorship training. The assistant practice manager had been supported to complete a management diploma in general practice.</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)	Y

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)	96.3%	95.0%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	0.4% (12)	0.9%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	61.5%	57.1%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

All staff were aware of the practices Consent Policy. The policy was reviewed annually and available on Practice Intranet.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	17
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
CQC Comment Cards	17 CQC comment cards had been received. All of these referred to the practice in a positive way. Patients had written about caring and helpful receptionists, professional and approachable GPs and nursing staff who provided excellent care.
NHS Choices	NHS Choices had rated the practice 5/5 stars (based on five reviews)

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
11,360	230	2%	117	50.87%

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)	92.1%	86.8%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	95.4%	92.5%	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	98.4%	97.2%	95.5%	Comparable to other practices

<p>saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)</p> <p>The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)</p>	95.1%	90.6%	85.5%	Variation (positive)
<p>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)</p>	97.6%	93.7%	91.4%	Variation (positive)
<p>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)</p>	98.6%	93.6%	90.7%	Variation (positive)

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

Date of exercise	Summary of results
2016	<p>The practice had completed an interpersonal skills survey of the nursing team in October 2016. 40 patients had been surveyed. The survey found that 84% of patients were very satisfied with the service.</p> <p>The practice also completed an improving practice questionnaire on 325 patients in October 2016. Of the 325 respondents, 67% were very satisfied with the practice. The practice had acted upon findings. For example, 69% had stated they were satisfied with the telephone system. The practice had since installed a new telephone appointment system which included a queuing system and touchtone options.</p>

Any additional evidence
<p>FFT and NHS Choices feedback ongoing</p> <p>Friends and Family Test results for January to June 2018 showed that 84% of 20 respondents were extremely likely to recommend the practice. The remaining 16% stated that they were all likely to recommend the practice.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with 10 patients during our inspections all of whom provided us with positive feedback. Patients described how their GPs outlined the options available and helped them to make informed decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	94.5%	90.5%	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)	91.1%	87.8%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	97.7%	92.5%	89.9%	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 involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	94.1%	88.9%	85.4%	Variation (positive)

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.	N The website was currently under development there were plans to include this
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Carers	Narrative
Percentage and number of carers identified	306 which was about 2.7% of the patient population
How the practice supports carers	The practice supported carers through providing a priority appointment system for carers. The practice also referred them to a local carer's organisation (Devon Carers).
How the practice supports recently bereaved patients	The practice flagged up patient records to identify bereaved families. Condolence cards were sent out by practice. The practice GP contacted the bereaved to offer support as required. The practice had reviewed the protocol recently to include a follow up telephone call, and offer signposting to relevant support services.

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.	Patients could request a private room if they wished to speak in complete confidence. The practice had installed a privacy barrier to improve privacy since the previous inspection.
Arrangements to ensure privacy in other areas.	The practice had also reconfigured the nursing suite to improve privacy since our previous inspection. This included the separation of the health care assistant's room from a nurse's treatment room by a solid wall and door rather than just a curtain.

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

Source	Feedback
Patients	We spoke with 10 patients during our visit. These patients described how their privacy and confidentiality was respected by staff, for example they knew they could ask to speak with reception staff in a private room should they wish to do so.

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
Friday	08:00-18:30
Appointments available	
8.30am to 6pm	
Extended hours opening	
Monday	18.30 – 20.00
Tuesday	07.00 – 08.00
Saturday	08.30 – 11.45

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Receptionists allocated home visit requests to all GPs, following a buddy system for continuity. GPs telephoned patients before completing a home visit. GPs prioritise requests according to clinical need.	

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)	90.1%	83.7%	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)	87.7%	82.1%	70.9%	Comparable to other practices
The percentage of respondents to the GP	85.9%	84.9%	75.5%	Comparable to other

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)				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)	88.3%	82.1%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	NHS Choices provided a rating of 5/5 stars from reviews by five patients. Patients described how their GP had reassured them throughout their care and treatment.

Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	7
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice had also received 15 written compliments during the same period. These had complimented on bereavement support, nursing team care and excellent care from GPs.	

Well-led

Leadership capacity and capability

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

The practice was in the process of completing a patient experience project. This included improving the reception desk presentation, privacy, the telephone system, use of social media and the website, making registration easier, health navigation training for staff and responding to patient feedback. The practice had listened to staff and patient feedback and lead improvement at the practice.

Vision and strategy

Practice Vision and values

Staff were aware of the practice vision which they told us was “To be a practice that patients want to be a part of”.

The practice values were shared with the team. GP partners joined staff meetings every six weeks.

Culture

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

Source	Feedback
Staff	Staff had previously said that they did not feel fully involved in the workings of the practice. The practice had acted upon this. As a result, the GP partners now attended staff meetings every six weeks to better support staff involvement.

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

Source	Example
Staff	Staff fed back that sometimes the practice manager had been too busy to see them. In response the practice manager now offered a regular walk in clinic which all staff could access. This struck a balance between time for the manager to complete their tasks and time for staff to meet with practice manager.

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

Source	Example
Patients	Social media usage, information screen now in use in waiting room, text messaging service including a reminder service which could also be used to send general information to patients.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff survey completed Jan 2018	The practice had completed a staff survey in 2014 and repeated this in January 2018. Improvements made included job satisfaction, the environment and staff felt better supported than in 2014. In 2014 only 58% of staff were pleased with the environment. The practice had undertaken an improvement in generating a positive culture since 2014 which was reflected in the new improved score of 80%.
The practice's speaking up policies are in line with the NHSI National Raising Issues	
	y

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

Source	Example
Staff	Extended hours surgeries were trialled sharing with a neighbouring practice. Staff fed back that they felt vulnerable undertaking lone working and felt vulnerable as a result. The practice acted upon this promptly and ensured there were always two staff on duty during extended hours.

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

Source	Example
Files	Equal Opportunities modules were available on the practices e-learning system
	An Equal Opportunities policy was in place and available to all staff.

Examples of actions to improve quality in past 2 years

Area	Impact
Patient Experience Project	Improved access via telephone system, improved privacy at reception, improved staff and patient satisfaction

Examples of service developments implemented in past 2 years

Development area	Impact
Upskilling of staff	Upskilling of staff such as nurses to become nurse prescribers.
Care Snap	A photography application on a hand-held computer tablet which was used to take a photograph of a wound or mole with patient's consent. This was then securely sent directly to a specialist (attached as an image to patients notes) and as a result, patients received a more accurate diagnosis, more swiftly.
Clinical research	The practice was involved in a range of different clinical research projects These included research on cancer, kidney disease, heart disease, flu, mental health, high blood pressure, atrial fibrillation, dementia, high blood pressure, frailty, asthma and diabetes.
Minor Injury and community hospital	The practice supported minor injury unit services and provided local community hospital ward cover.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good

quality and sustainable care.

Learning from complaints and significant events	A patient had complained that they had requested an appointment with their own GP but had been unable to do so. They had requested their own GP ring them and this had been recorded on the system. Although an appointment with an alternative GP had been provided, the patient had complained that their own GP had never returned their call. The practice investigated this. Shared learning took place. This ensured that GPs checked their message screens to prevent this reoccurring.	
Practice specific policies	Complaints policy reviewed March 2018	
Other examples	Data Protection, Information Governance policy	
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

Major incident plan in place	Yes, Business continuity plan updated June 2018
Staff trained in preparation for major incident	Yes, and training implemented recently in March 2018 during adverse weather (snow)

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Risk of burnt out lights created fire hazard	Practice replaced strip lighting and replaced them with LED lighting to improve safety
Ripped chairs in waiting room or consultation rooms	Action taken immediately to replace chairs
Patients having difficulty with access doors	Practice replaced doors and installed automatic doors

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Website, social media	Improved patient information
Public	Charity event work	Embedding practice as being part of the local community
Staff	Staff surveys	Improved staff satisfaction levels, acting upon staff feedback
External partners	GPs engaged with LMC, CCG and the East Devon GP Federation	Understanding current developments in general practice, influencing events. The practice had been invited to take part in parliamentary review on healthcare in general practice.

Feedback from Patient Participation Group;

Feedback
Telephony system changed for the better, queuing system for calls, answer phone message in place.
Caring and professional reception and clinical staff, always very helpful

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

Examples	Impact
Automated doors idea of PPG	Easier for patients with limited mobility to access the building
Installation of information screen – health promotion	Greater availability of information for patients

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Patient experience project	The practice was in the process of completing a patient experience project. This included improving the reception desk presentation, privacy, the telephone system, use of social media and the website, making registration easier, health navigation training for staff and responding to patient feedback. The practice had listened to staff and patient feedback and lead improvement at the practice.
Clinical research projects	The practice was involved in a range of different clinical research projects. These included research on cancer, kidney disease, heart disease, flu, mental health, high blood pressure, atrial fibrillation, dementia, high blood pressure, frailty, asthma and diabetes.

Audit area	Impact
B12 audit (used to treat patients with anaemia)	Audit completed in November 2016 and repeated in June 2018. 124 patients included in first audit. The initial audit found that 20 patients were receiving these B12 injections based on an unknown diagnosis. Two of these 20 were identified as having coeliac disease. 52% of patient's cases had not followed best practice Bath hospital guidelines. When the audit was repeated in June 2018, 89 patient cases were examined. The audit found that in 83% of cases, best practice guidelines were being followed. This was an improvement of 21%; further improvements were planned.
Audit on methotrexate, a medicine used to treat rheumatoid arthritis	The audit was initially completed in October 2017 and repeated in June 2018. The audit examined whether patients with rheumatoid arthritis had their medicine dosage recorded accurately in their notes, due to the risks involved in inaccurate dosages / inappropriate treatment. The initial audit found that two out of 22 patients did not have it recorded. Action was taken. When the audit was repeated, it was found that 100% of the 21 patients on this medicine had it recorded accurately in their notes.

Any additional evidence
<p>CPIS (Child Protection Information System) was used by the practice, CPIS provided a computer based tracing system to ensure treatment of children anywhere in England was noted by the child's own GP. For example, if a child registered as a patient in Exmouth received treatment for non-accidental injuries in London, their own GP in Exmouth would be notified.</p> <p>Military veteran's policy was updated in June 2018. The practice had identified 25 military veterans.</p> <p>The practice had won an NHSE infrastructure award for providing the best example of creative use of accommodation space to deliver patient centred care. They had achieved this through redesigning the nurses and health care assistant's treatment rooms, providing more privacy and better facilities.</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>