

Care Quality Commission

Inspection Evidence Table

Bexley Group Practice (1-547720636)

Inspection date: 15 May 2018

Date of data download: 08 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 25/06/17	Yes
There was a record of equipment calibration Date of last calibration: 16/06/17	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes. Last completed in 11/17
Fire drills and logs	Yes. Last completed 12/4/18
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes
Actions were identified and completed.	Yes
Additional observations:	N/A
Health and safety Premises/security risk assessment? Date of last assessment:	Yes
Health and safety risk assessment and actions Date of last assessment:	Yes
Additional comments: N/A	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified Detail: The infection prevention and control (IPC) lead in the clinical commissioning group (CCG) also visited the practice on 05/03/18, and was satisfied with the practice arrangements.	Yes 24/01/18 N/A
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Any additional evidence
None

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 presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
<p>Staff had had training in sepsis. An algorithm for sepsis management was available in the practice reception area.</p> <p>Fire drills have been held twice since the move to new premises and there was evidence of discussion of the outcome of fire drills at staff meetings.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers:	

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.92	0.98	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	8.1%	10.1%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	N/A
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use. Clinical staff could access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	15
Number of events that required action	15

Examples of significant events recorded and actions by the practice

Event	Specific action taken
A receptionist noticed an error in the number of tablets indicated on a prescription before it was collected by the patient / pharmacist	The error was brought to the attention of the prescribing clinician. We saw evidence that the incident was discussed at a team meeting, and highlighted the need for thorough checking of prescriptions before being issued.
Staff allowed confidential waste to be taken off site for destruction rather than being shredded on site, as the operative's shredding machine was not working	<p>Meeting between practice manager and reception supervisor to discuss the incident and lessons learnt.</p> <p>Email sent to all staff to remind them that if the shredding company turns up and the machine is not working then they need to return with a working one to do our shredding.</p> <p>Staff asked to redo online confidentiality training</p> <p>Staff are also to make sure that they receive a certificate of destruction after on-site destruction of confidential waste</p>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
There was a safe system for managing patient safety alerts. The practice presented examples to the inspection team which showed that they had initiated audits in response to patient safety alerts. The practice maintained a folder of patient safety alerts, and they responded to them.	

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)	0.56	0.68	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)	78.1%	81.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	81.3%	80.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	79.7%	81.7%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	

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)	72.2%	76.6%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
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)	84.7%	92.7%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
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)	81.0%	83.5%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
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)	95.9%	85.9%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	

QOF Exceptions by Domain (2016/17)

Indicator (Source: NHS Digital)	Practice rate	CCG average	England average
Overall domain QOF exception reporting	4.9%	5.9%	5.0%
Clinical domain (combined overall total)	8.3%	10.3%	8.2%
Atrial fibrillation	12.2%	7.4%	7.8%
Coronary heart disease	12.6%	11.3%	7.9%
Heart failure	6.1%	6.8%	7.2%
Hypertension	1.4%	4.0%	4.2%
Peripheral arterial disease	12.7%	6.5%	3.9%
Stroke and transient ischaemic attack	16.3%	13.3%	9.2%
Asthma	3.9%	7.1%	3.4%
Chronic obstructive pulmonary disease	9.9%	12.2%	12.1%
Cancer	21.3%	25.1%	20.7%
Diabetes mellitus	8.8%	12.2%	8.9%
Dementia	17.0%	10.6%	10.6%
Depression	44.4%	17.0%	23.2%
Mental health	12.6%	9.0%	8.0%
Osteoporosis	6.7%	8.5%	5.9%
Rheumatoid arthritis	5.2%	7.5%	6.1%
Public health domain (combined overall total)	0.5%	0.8%	0.7%
Blood pressure	0.2%	0.6%	0.6%
Cardiovascular disease - primary prevention	0.0%	21.3%	14.4%
Smoking	0.8%	1.0%	0.7%
Public health additional services (combined overall total)	6.4%	5.6%	7.3%
Cervical screening	6.4%	5.6%	7.3%
Contraception	0.0%	2.6%	3.2%

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)	126	140	90.0%	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)	129	153	84.3%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	131	153	85.6%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	132	153	86.3%	Below 90% Minimum (variation negative)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	70.7%	75.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	65.2%	74.8%	59.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.5%	53.8%	42.1%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	72.3%	71.2%	67.1%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.0%	91.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
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)	100.0%	93.0%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
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)	79.7%	79.8%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	544	487
Overall QOF exception reporting	4.9%	5.9%	5.0%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. 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
Further comments or notable training: That the practice nurse has completed her prescribing course. She had completed this before joining the practice in September 2017.	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.4%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	61.7%	60.9%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

We reviewed the templates for a range of consent forms used in the practice; for coils and contraceptive implants, for the administration of pain relieving joint injections, and for information sharing for patients in the practice's elderly frail clinic.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	43
Number of CQC comments received which were positive about the service	39
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards Patient interviews	Patients were happy and impressed with the new premises and additional services introduced since the site move. Patients noted a happier, helpful and more positive attitude from all staff, particularly the reception team. Patients commented consistently that they received good clinical care, citing examples such as prompt diagnoses, finding the additional on-site services of blood tests and walk-in appointments real bonuses, having good care and treatment from the doctors and nurses, good management of their conditions and that the staff were hard working.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
		(Surveys sent divided by Practice population) x 100		56.8%

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)	56.8%	71.0%	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)	79.3%	83.8%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	94.3%	94.7%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	76.3%	80.4%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	78.9%	87.3%	91.4%	Variation (negative)
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)	80.3%	86.0%	90.7%	Variation (negative)

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

Date of exercise	Summary of results
-	Analysis of previous few years' in-house patient surveys. The common theme was access for patients, not fit for purpose buildings, requirement of more walk-ins, phlebotomy service and disabled access. The other common problem was patients needing to go to 5 different buildings to access various services.
January 2018	<p>Below are the consultations related findings of the practice in-house survey, which was completed by 271 of the 300 patients it was distributed to: -</p> <ul style="list-style-type: none"> • 98% of patients feel that they were given good explanations of test results and further treatment last time they was seen or spoke to a GP • 96% of patients feel that they are involved in decision making about their care with their GP • 100% of patients feel that the last GP they saw or spoke to was good at treating them with good care and concern • 100% of patients have confidence and trust in the last GP they saw or spoke to • 92% of patients feel that the nurse they last saw was good at listening to their concern • 96% of patients feel that the last time they saw a nurse the explanation of test results and further treatment was good • 92% of patients feel that the last time they saw a nurse they were involved in the decision about their care • 98% of patients feel that the last nurse they saw was good at treating them with care and concern • 100% of patients had confidence and trust in the last nurse that they saw • 97% of patients described their overall experience with the surgery was very good • 96% of patients said that they would recommend the surgery to someone new to the area <p>The results were discussed in a staff meeting in April 2018. The practice was particularly happy about the areas where they received a 100% satisfaction score –</p> <ol style="list-style-type: none"> 1. Patients felt that the last time they saw or spoke to a GP listened to their concerns. 2. Patients felt that the last GP they saw or spoke to was good at treating them with good care and concern 3. Patients have confidence and trust in the last GP they saw or spoke to 4. Patients had confidence and trust in the last nurse that they saw <p>They recognised areas where the nurses' scores could be improved, and that there were other areas for further improvement. This included the receptionists score indicating patients felt more satisfied with the help they received.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
GP Patient survey	The practice's results from the GP patient survey was comparable to other practices for respondents stating GPs and nurses involved them in decisions about their care. The practice's results from the GP patient survey was comparable to other practices for respondents stating the GP listened to them, but was lower for the practice respondents stating the nurse listened to them (79%). For this last response, the practice's own survey in January 2018 found that 92% of respondents stated that the nurse listened to them.

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)	76.9%	82.1%	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)	74.0%	77.9%	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)	83.9%	86.9%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	76.5%	82.1%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	177 patients (1.5%)
How the practice supports carers	Signposting Posters Information leaflet Carers pack and social prescription Carer flagged on their patient record
How the practice supports recently bereaved patients	They send a letter out inviting patient to come in for support. The lead GP, Dr Nair, will telephone them and 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	A sign was placed near the reception desk, asking people waiting to speak with reception staff to wait behind a certain point, to give those speaking with the reception staff some privacy.

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

Source	Feedback
Patient interviews	Patients we spoke with during our inspection commented that they felt consistently treated with dignity and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times – main site	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-19:30
Wednesday	08:00-19:30
Thursday	08:00-19:30
Friday	08:00-18:30
Appointments available	
Walk in service	Monday to Thursday mornings 8am and 10.30am
Extended hours opening	
Tuesday, Wednesday and Thursday	18:30 – 19:30

Practice Opening Times – branch site	
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	
Walk in service	Monday to Thursday mornings to the first 11 patients

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 were reviewed the doctor, who followed up on the request with the patient or their family.	

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)	61.6%	73.5%	80.0%	Variation (negative)
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)	62.0%	60.5%	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)	53.0%	68.3%	75.5%	Variation (negative)
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)	51.2%	63.9%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interviews CQC comments cards	Patients commented about the access improvements they have seen since the move to the new practice premises. A couple of comments reflected long delays to be seen for their appointment, difficulties getting appointments, and additional travel time to practice site since closure of two branch sites.

Date of exercise	Summary of results
-	Analysis of previous few years' in-house patient surveys. The common theme was access for patients, not fit for purpose buildings, requirement of more walk-ins, phlebotomy service and disabled access. The other common problem was patients needing to go to 5 different buildings to access various services.
January 2018	Below are the findings relating to access on the practice in-house survey, which was completed by 271 of the 300 patients it was distributed to: - <ul style="list-style-type: none"> • 90% of patients found it easy to get through to the surgery by the phone • 92% of patients found the receptionists helpful • 90% of patients found that it was very often that they got to see or speak with their preferred GP

	<ul style="list-style-type: none"> • 93% of patients were able to get an appointment to see or speak with a GP on the day that they contacted the surgery • 94% of patients found their last appointment they received from the surgery was very convenient • 88% of patients described their experience with making an appointment as very good • 85% of patients were seen before or on time of their scheduled appointment • 80% of patients felt that they did not have to wait long to be seen • 99% of patients feel that they was given enough time within their last appointment with a GP • 92% of patients are very satisfied with the surgery's opening hours
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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.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:
<p>Additionally, the practice had received one verbal complaint linked to access. One complaint had been referred to NHSE in the first instance then came through to practice. Had local resolution to the patient's satisfaction.</p> <p>Comply with duty of candour</p>

Any additional evidence

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The leadership team were visible in the practice. Staff were aware of which staff had lead roles in specific areas such as safeguarding, complaints, training and infection prevention and control.

Vision and strategy

Practice Vision and values
The practice vision and values allowed with prioritising compassionate patient care.

Culture

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

Source	Feedback
Staff interviews	Staff in the practice spoke of a culture of putting patients' needs first, and working well together as a team, and having openness to consider new ideas.
Staff interviews	Staff felt supported by their colleagues and were proud to work in the practice.

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

Source	Example
Staff interviews	Regular staff meetings are held in the practice. There is a culture of continuously reflecting on incidents, complaints and patient feedback and learning from them.

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

Source	Example
Staff interviews	Regular staff meetings are held in the practice. There is a culture of continuously reflecting on incidents, complaints and patient feedback and learning from them.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff interviews	No current concerns raised by staff since moving to new premises. Move to new premises have addressed some previous issues raised, mainly to do with the lack of suitability of the premises
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

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

Source	Example
Staff interviews	Staff spoke of a culture of openness and respect among the staff team. They could raise concerns and felt they would be listened to.

Examples of actions to improve quality in past 2 years

Area	Impact
Premises move	Patients and staff are happy with the move to the new premises. This move has meant two branch sites were closed, but there has not been much negative feedback about the branch site closures. One branch site remains open in Belvedere.
Staff recruitment	The practice had carried out active recruitment of clinical and non-clinical staff

Examples of service developments implemented in past 2 years

Development area	Impact
Premises move and refurbishment	Doors opened at new purpose-built premises on 18 December 2017. Refurbishment of station road branch surgery was completed in March 2018
Staff recruitment	The practice now has 6 GPs, 2 practice nurses, 1 healthcare assistant, 1 advanced nurse practitioner and 1 clinical pharmacist. An additional GP, with a specialist interest in elderly care, has been recruited to start in December 2018. 2 full time physician associates have been recruited to start in October 2018.
Phlebotomy service	Phlebotomy service has been offered since recruitment of phlebotomist in October 2017
Working towards training practice status	One of the GPs has completed training in February 2018 to train GP registrars. The practice is awaiting assessment to become a training practice, and hopes to achieve this and begin training their first GP registrar in August 2018 or February 2019.
Walk in service	A morning walk in service has been introduced at the main and branch sites of the practice to address negative feedback about access.
Self-health check	Surgery Pod has been introduced in the surgery for patients to carry out self-checks of their health
DOSA scheme for Asian Diabetes	The first of this course was scheduled for 24 May 2018, which provides help to Asian diabetic patients that more accurately reflects their diet.
Patient participation Group	The PPG has been re-established since the move to the new premises. They have provided feedback that they have been supported and felt involved in the practice developments.

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	There was evidence of learning from complaints and significant events
Practice specific policies	There were practice specific policies and procedures in place and these were subject to review and kept up to date
Other examples	n/a
Staff could describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

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	Surveys and PPG	Patient survey feedback has led to changes in the practice such as improved access. PPG feedback has led to further considerations about arrangements to ensure patient confidentiality in the reception area.
Public	Health promotion events	Increased uptake in child vaccinations. Increased awareness about health screening programmes available in the practice.
Staff	Meetings and appraisals	Culture of openness maintained in the practice Clear lines of communications maintained
External partners	Meetings	Multidisciplinary meetings taking place to discuss and agree the most appropriate joined up care for patients with complex needs.

Feedback from Patient Participation Group

Feedback
The PPG has been re-established since the move to the new premises. They have provided feedback that they have been supported and felt involved in the practice developments.

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

Examples	Impact
Annual patient surveys	The practice has used this to identify specific areas where they can improve the patient experience, such as in nurse consultations.
PPG meetings	Since moving to the new main practice site, the practice has been facilitating monthly PPG meetings.

	<p>The PPG has been able to establish an ethnically diverse membership reflective of the patient population.</p> <p>PPG feedback has led to changes in the policy relating to online booking, and it is now possible to book online appointments for children, not just for adults.</p>
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Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for most 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>