

Care Quality Commission

Inspection Evidence Table

Baldwins Lane Surgery (1-2757205657)

Inspection date: 4 July 2018

Date of data download: 20 June 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers: Since our last inspection in October 2017, the practice had revised their recruitment policy and improved their reference collection form to ensure they were collecting satisfactory references in particular evidence of satisfactory conduct in previous employments.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 21.08.17
There was a record of equipment calibration Date of last calibration:	Y 01.12.17
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	Yes
Fire drills and logs	Yes
Fire alarm checks	N/A*
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment: In house Date of completion	23.4.16 18.4.17 Ongoing
Actions outstanding: Staff informed us they had a programme of work scheduled to replace all fire doors by August 2018 and installation of a fire alarm was planned for September 2018. The provider told us they had considered risks in the interim, and taken action to mitigate risks.	
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Y 21.6.18
Health and safety risk assessment and actions Date of last assessment:	21.6.18
Additional comments: We also saw risk assessments for: Asbestos risk assessment carried out in December 2017. Legionella risk assessment carried out May 2018. We saw the Disability Discrimination Act assessment had been updated in June 2018 to include the access issues with the minor operations room.	

Infection control	Y/N
Risk assessment and policy in place	Y
Date of last infection control audit:	07/09/2017
The practice acted on any issues identified	Y
Detail: The audit had identified general wear and tear to the building. The practice had been re-decorated, and carpets in clinical areas had been replaced with suitable flooring.	
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

Any additional evidence
Since the last inspection, there was a clear lead for infection control. All staff had received infection prevention and control training.

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers:	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y*
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers: *All records we viewed except for one, were all completed to a good standard. The provider informed us following the inspection, they had taken action to prevent a reoccurrence of poor documentation.	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.51	0.97	0.98	Significant variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.3%	7.7%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	N*
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y*
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

Explanation of any answers:

* Patient Group Directions (PGD) were used appropriately by nursing staff.

The practice had a Patient Specific Directions (PSD) protocol, however as there was no healthcare assistants employed at the time of the inspection PSDs were not in use. We found that the protocol had not been effective in the past and clinical staff were unclear on the use of PSDs and their roles and responsibilities. We reviewed two patient records where a vaccine should have been given under a PSD. The practice were unable to provide evidence the previous healthcare assistant had received appropriate authorisation before giving the vaccine.

Following the inspection, the practice sent us a revised policy for PSDs which clearly defined roles and responsibilities.

*We saw there was a lead for checking emergency equipment and the practice had improved its process for documenting checks on emergency equipment. Staff told us they carried out monthly checks on emergency equipment, which included oxygen, however the practice were unable to provide evidence of oxygen checks. Staff informed us they were in the process of changing how they recorded checks, by moving them to an electronic system. Following the inspection, the practice provided evidence to show they were checking oxygen daily.

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.	10
Number of events that required action	9

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

Event	Specific action taken
Vaccine error	The practice took appropriate action following the event including contacting Public Health England.
Vaccine duplication	The practice discussed the error during their clinical team meeting and took action to ensure the risk of this occurring again reduced.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Alerts came into an electronic system that was accessible to all staff, the practice manager and secretary were the leads for managing alerts. They ensured that searches were carried out and the alert was actioned and information was shared within the practice through clinical and practice meetings. Staff we spoke with were aware of recent alerts.</p>	

Any additional evidence

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.61	0.91	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	78.9%	80.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (14)	12.5%	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)	68.7%	77.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (13)	10.3%	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)	77.5%	81.0%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	7.9%	(18)	12.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	74.6%	76.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (2)	7.5%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.5%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (3)	11.9%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.1%	83.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (4)	4.4%	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)	76.7%	87.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (5)	11.1%	8.2%	

Any additional evidence or comments

The practice had significantly reduced exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

Staff told us they had achieved this by encouraging patients to attend appointments by communicating with them through text messages as well by writing to patients.

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	34	36	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)	36	41	87.8%	Below 90% Minimum (variation negative)
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)	35	41	85.4%	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)	36	41	87.8%	Below 90% Minimum (variation negative)

Any additional evidence or comments

The practice were aware they were below the target of 90% for children's immunisations, however they were taking appropriate action to try and improve uptake. For example, staff contacted parents of children who failed to attend for vaccination. Staff had access to literature on immunisation in different languages and the practice offered appointments on different days and times of the week.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	73.4%	68.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.8%	64.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	56.5%	44.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who	66.7%	73.5%	71.2%	N/A

have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	46.2%	50.3%	51.6%	Comparable to other practices
Any additional evidence or comments				
The practice were aware they were below the target of 80% for cervical screening, however they were taking appropriate action to try and improve their levels. For example, by contacting patients by telephone or writing to them, offering screening opportunistically and offering appointments at different times of the day.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	96.3%	91.3%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (2)	11.2%	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)	92.6%	91.8%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (2)	9.3%	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)	81.8%	84.7%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (1)	6.1%	6.8%	

Any additional evidence or comments

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549	544	539
Overall QOF exception reporting	4.0%	6.5%	5.7%

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	96.0%	95.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (5)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Minor surgery consent forms we reviewed were completed correctly and scanned into patient records. We saw nurses were obtaining consent from parents before giving children's' immunisations.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	27
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Patients commented they felt listened to, their needs were met, and that staff were friendly, caring and helpful.
NHS Choices	<p>Since our last inspection in October 2017, the practice had received 17 reviews on the NHS Choices website, 10 positive and seven negative. We saw the practice had received mostly positive reviews during December 2017 to April 2018. Comments included patients felt staff were friendly and polite, and patients felt they were listened to.</p> <p>The practice had responded appropriately to all comments.</p> <p>We saw evidence of the practice discussing comments from NHS choices with the patient participation group.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,742	277	94	33.94%	2.5%

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)	59.2%	74.5%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	72.9%	88.3%	88.8%	Variation (negative)
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)	86.9%	95.5%	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)	66.8%	85.0%	85.5%	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 listening to them (01/01/2017 to 31/03/2017)	88.8%	90.1%	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)	92.4%	88.7%	90.7%	Comparable to other practices

Any additional evidence or comments

The practice were aware of the results of the 2017 national GP survey and had carried out their own survey to try and find out the cause of patient dissatisfaction. The practice had discussed the national and in-house survey as a practice and with the patient participation group. The practice had employed an additional locum GP one morning each week to give clinicians more time with patients, so patients would feel less rushed and hoped this would help improve satisfaction with consultations with GPs.

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

Date of exercise	Summary of results
January to March 2018	<p>The practice carried out their own patient survey between January and March 2018 to find out patients' views on their experience at the practice and to identify the cause of patient dissatisfaction and if there were any training needs.</p> <p>They sent their survey to 525 randomly selected patients and received 323 responses.</p> <ul style="list-style-type: none"> • 98% of respondents said the last GP they saw or spoke to was good at treating them with care and concern • 99% of respondents said the last GP they saw or spoke to was good at listening to them • 98% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments.

Any additional evidence
<p>Staff told us, they had discussed the results of the in-house survey and the national patient GP survey, and had decided communication with patients around prescriptions and medicines needed improving. Clinical and non-clinical staff were provided with training on prescription management.</p> <p>Staff informed us they would be repeating their in-house survey to monitor patient satisfaction and would take appropriate action if patient satisfaction reduced.</p> <p>The practice also monitored friends and family test results.</p> <p>We saw the provider had a link to their patient survey, and to the friends and family test on their website. There was also a box in reception where patients could leave friends and family feedback. Staff told us after each consultation, patients were sent a text message and asked to comment on their experience using the friends and family test.</p> <p>The practice had received 245 responses from patients between January and June 2018. Of these responses, 200 patients would be extremely likely or likely to recommend this practice.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC Comment cards	Patients generally felt listened to, and staff explained things well

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)	72.3%	86.3%	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)	75.4%	81.2%	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)	91.9%	88.2%	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)	90.0%	84.2%	85.4%	Comparable to other practices
Any additional evidence or comments				

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

Carers	Narrative
Percentage and number of carers identified	The practice had increased the number of carers on their register from 33 to 77. This was approximately 2% of their patient list.
How the practice supports carers	<p>The practice encouraged carers to inform them if they were a carer and had placed laminated cards on the seats in the waiting room to inform patients about this. They also had information on their website.</p> <p>The practice had a carers champions to organise information for carers including a carers information board in the practice's waiting area..</p> <p>The practice also met regularly to review their carers register to ensure it was accurate.</p>
How the practice supports recently bereaved patients	<p>The practice had a bereavement pack for patients, which they updated regularly to ensure support group information was accurate</p> <p>The practice sent a letter sent to patients offering support.</p> <p>They also had general information in their information folder</p>

Any additional evidence

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff told us they could offer a patient a private room if they wanted to discuss more sensitive issues.

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:

Source	Feedback

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 to 13.00
Thursday	08.00 to 19.00
Friday	08.00-18.30

Appointments available	
	09.00 – 12.00 Monday to Friday 15.00 – 18.00 Monday, Tuesday, Friday 18.00 – 19.20 Thursday
Extended hours opening	
	18.00 – 19.30 Thursday

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>The receptionist recorded the request for the home visit onto the clinical system. The request was added to the GPs list for that session. The GP would call the patient and decide if a home visit was needed. Home visits were carried out in between the morning and afternoon sessions, or after the afternoon session if the visit was urgent.</p> <p>Practice nurses also had six appointments each week for home visits if needed for housebound patients.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,742	277	94	33.94%	2.5%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	87.3%	77.0%	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)	77.6%	58.7%	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)	82.1%	66.7%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	72.9%	66.3%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Patients comments were mainly positive regarding accessing appointments; with the exception of two comments which were less positive about appointment access.
Patients we spoke with during the inspection	Patients told us they could get an appointment, if the appointment was urgent they may not always be able to get the appointment with the clinician of their choice.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	14
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We examined two complaints relating to minor surgery. We saw the practice had managed both complaints appropriately.	

Example of how quality has improved in response to complaints
The practice had amended their consent form for minor surgery, to make it clearer to patients that there may be post operation complications. The practice had also amended their leaflet on minor surgery to include more information on how to get support.

Any additional evidence
The practice had a "You said, we did" board in the waiting area, which displayed actions they had taken in response to patient feedback for example they had employed an additional locum GP one morning a week, to increase the number of appointments and to allow clinicians more time with patients, so patients were less likely to feel rushed.
The practice had also responded to a complaint they had received through NHS Choices, regarding the tone and wording of letters sent to patients inviting them in for blood monitoring. The practice had reworded the letter template so that it was more polite.

Well-led

Leadership capacity and capability

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

The practice had taken action since our October 2017 inspection to improve clarity within the practice on who the leads were for infection, prevention and control and certain non-clinical duties. During the inspection, we saw this had improved, and staff were much clearer on their roles and responsibilities.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice did not have a written set of vision and values however staff we spoke with shared similar values. All staff told us the practice was like a family. Some staff told us the vision was to keep people healthy in the community and values were to be open, transparent, caring, and to listen. During the inspection, we saw staff were working to their vision and values.

Culture

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

The practice had implemented monthly practice meetings where all members of the practice could attend.

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

Source	Feedback
Staff we spoke with	Staff told us communication had improved between teams since our last inspection. Staff told us they felt supported by management and felt listened to, and gave examples of where their suggestions had been implemented. For example, non-clinical staff had suggested when clinicians add tasks to blood results, they should include the reasons for contacting the patients; this had improved the process for managing blood test results. Nursing staff told us how they had identified they needed to attend further training and had been supported by management to attend.

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Yes
Other examples	Weekly clinical meetings for GPs including locums and nurses. Monthly practice meetings for all staff The practice had recently started to use an IT system, that would give the practice clearer oversight of all governance processes.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
We saw policies had been reviewed recently and were version controlled. The practice ensured staff had easy access to contact numbers for safeguarding and displayed this in reception.

Managing risks, issues and performance

Major incident	Y/N
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
The practice had identified that patients whose appointments were upstairs, were left unattended at times and in an emergency, may not have had access to appropriate support.	The practice had completed a risk assessment and had decided to stop using the first floor clinical rooms and to have all appointments on the ground floor.
Lone working	The practice had completed risk assessments for clinicians carrying out home visits and for receptionists.
Staffing	Staff had individual risk assessments for health and safety
Step access into minor operations room	The practice had amended their Disability Discrimination Act assessment to include this risk. They had installed a hand rail to assist patients to enter/exit the room. For patients who were not able to access the minor operations room, they had equipped another clinical room, so patients could have their procedure in there.

Any additional evidence

The practice had recently started to use an IT system to record all its safety checks, investigations of incidents, any alerts received and actioned. The system could also be used to plan staff rotas and store policies. We saw the system was giving the staff much clearer oversight of governance processes than before.

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback

We spoke with two members of the patient participation group, they confirmed the practice held meetings regularly and the practice had discussed our previous inspection report with them and results of the national and in-house patient survey.
The members felt they were kept up to date with any changes occurring at the practice.

Any additional evidence

We viewed patient participation group meeting minutes that confirmed the practice held regular meetings and used it as an opportunity to inform the group about improvements to the practice, feedback from survey results and gain feedback from the group on certain projects. For example, the practice gained patient input when rewording patient letters.

Continuous improvement and innovation

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

Audit area	Improvement
In March 2018, the practice reviewed records for all male patients eligible for screening for Abdominal aortic aneurysm (AAA) (patients aged between ages of 65 and 71). They looked at each record to see if the patient had attended screening, and if they had the	The aims were to ensure they encouraged those patients who did not attend to reconsider and to ensure records were recoded correctly. 228 patients were contacted in total. 79 of these patients attended for screening at a local screening facility. Of these patients, five had been diagnosed with an abnormal aorta as a result of the audit and were followed up appropriately. The practice told us the screening team had contacted them, and asked for a copy of the patient letter, so they could share it with other

<p>result coded in the system correctly. 89 patient records were analysed, 43 patients had not attended AAA screening. The practice formulated a letter and sent it out to these patients. 12 patient records were amended to reflect correct read codes.</p> <p>The practice also decided to look at patients over 71 years. The screening team at a local NHS trust advised the practice this cohort of men would not have been screened but would be at risk. A further 185 men were identified and encouraged to attend screening. A re-audit in June 2018 showed of the original 43 patients who had been invited, 14 had been screened. Of the further 185 men encouraged, 65 had been screened.</p>	<p>GP practices to encourage screening attendance.</p>
<p>Antibiotic prescribing audit</p>	<p>The practice carried out a prescribing audit which showed improved prescribing at re-audit. The initial audit in September 2017 showed 23 patients had been prescribed antibiotics on repeat. Of these patients, 12 had been inappropriately prescribed repeat antibiotics. The practice found most of these prescriptions had been done by the locum or trainee GP. The practice decided to update their locum pack and re-audit in six months. The re-audit in March 2018 showed 10 patients had been prescribed antibiotics on repeat. All of these 10 patients had been prescribed repeat antibiotics appropriately.</p>

Any additional evidence

The practice had a health monitoring machine in the waiting area which recorded patient's height, weight, blood pressure and pulse. The monitor calculated the patient's body mass index (BMI) and produced a receipt which patients placed into a secure box. Patients were asked to indicate on the

receipt if they smoked. Nursing staff entered the information from the printed receipt onto the patient record, this then triggered a recall such as invitation to smoking cessation or blood pressure checks. The healthcare monitor was helping to reduce the impact on appointments as patients were able to check BMI and BP without having to book an appointment. If abnormalities were identified by the practice nurse then patients were asked to book an appointment.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

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