

Care Quality Commission

Inspection Evidence Table

Leybourne Surgery (1-553207006)

Inspection date: 3 July 2018

Date of data download: 25 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 answers: The lead GP had developed practice templates for recording safeguarding/information of concern about patients. The lead GP had also developed a template for safeguarding which was used by the CCG.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: Completed in 2016, booked for re test 11/7/18	Y
There was a record of equipment calibration Date of last calibration: June 2016	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	Y
Actions were identified and completed.	Y
Additional observations: <ul style="list-style-type: none"> Smoke strips were ordered for fire doors and a quote has been obtained to improve emergency lighting. 	
Health and safety Premises/security risk assessment? Date of last assessment: May 2018	Y
Health and safety risk assessment and actions Date of last assessment: May 2018	Y

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:20/3/18 The practice acted on any issues identified: No actions required	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

Any additional evidence
<ul style="list-style-type: none"> • IMH health and safety inspection checklist was carried out on 29/5/18 this covered the environment, storage of materials, electrical fire precautions and external premises. • A Legionella risk assessment was carried out on 14/11/12 and reviewed on 19/4/18. Monthly water checks were carried out and flushing of little used water outlets, as per risk assessment. • Hand hygiene audits were carried out on 26/6/18 • A risk assessment on infection control and specimen handling, sharps handling, waste and COSHH was carried out in May 2018. No actions were needed. • Quote dated 5/6/18 for additional emergency lighting in entrance lobby and accessible toilet facilities. • Cleaning schedules set out for premises and equipment and were completed.

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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> Regular locums were used when a GP was on holiday. There was a locum pack available with details of their roles and responsibilities. The practice had a protocol for reception staff to handle emergency telephone calls. This was readily available in the reception area. 	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> The practice used 'auto-consultation' which enables coding of clinical interventions; alerts to show that reviews were needed; and care plan information. The system was updated with the latest NICE guidance, for example, incorporating oramorph prescribing advice to prescription screen. 	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.20	0.97	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)	5.0%	8.2%	8.9%	Comparable to other practices

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

Explanation of any answers:

- The practice had a protocol in place for collection of prescriptions for controlled medicines.
- The computer system highlighted medicine interactions and had local prescribing guidance.
- Patient Group Directives (PGDs) were used by the practice. We reviewed all PGDs and found they were current and correctly signed and authorised, apart from one PGD. We received information the day after the inspection visit to confirm that the relevant PGD had been signed.
- Data loggers were used to record medicine fridge temperatures and information was routinely downloaded and monitored.
- GPs manage their own bags, but do not take medicines with them on home visits.

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.	6
Number of events that required action	6

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

Event	Specific action taken
15/05/2017 Ransomware Outbreak	<ul style="list-style-type: none"> • All actions required by the guidance were carried out to protect computer systems from hacking.
A patient was unhappy with way clinical procedure carried out.	<ul style="list-style-type: none"> • Evidenced in meeting minutes that it had been discussed. Apology to patients and reminded staff to communicate what they were doing whilst carrying out the procedure and offering a chaperone to support the patient.

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> <ul style="list-style-type: none"> • These were coordinated by the practice manager and discussed at practice meetings, as well as being emailed to relevant members of staff to act on. 	

Any additional evidence

- A deep clean of the practice was carried out on 7/4/18; this included cleaning walls and flooring and removal of clutter.

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) <small>(NHSBSA)</small>	0.80	0.88	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) <small>(QOF)</small>	86.5%	82.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.3% (55)	18.0%	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) <small>(QOF)</small>	89.5%	78.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (19)	12.2%	9.3%	
Indicator	Practice	CCG	England	England

	performance	average	average	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)	89.5%	81.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.0% (37)	17.3%	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)	81.1%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (5)	11.7%	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)	93.0%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (6)	16.0%	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)	86.9%	84.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

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)	89.5%	87.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (8)	9.6%	8.2%	

Any additional evidence or comments

- The practice nurses had received relevant training to enable them to carry out reviews of patients with long term conditions, such as asthma and diabetes.
- Regular meeting were held with other health professionals to discuss care and treatment of patients.
- The lead GP was reviewing diabetes exception reporting, to determine whether there was a potential coding error. When needed patients were invited to the practice for a review.

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)	55	59	93.2%	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)	38	39	97.4%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	38	39	97.4%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	38	39	97.4%	Met 95% WHO based target Significant Variation (positive)

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)	77.1%	74.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.4%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.9%	62.5%	54.5%	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)	47.4%	63.8%	71.2%	N/A
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)	51.4%	51.6%	51.6%	Comparable to other practices
<p>Any additional evidence or comments</p> <ul style="list-style-type: none"> The lead GP was reviewing cervical screening uptake to determine whether there had been a potential coding error. Following recent smear audits the practice have decided that only practice nurses would carry out screening. A member of staff has been trained to use open Exeter and have oversight of screening programme. This ensured the recall letters are monitored and sent out in a timely manner. Practice nurses have been given more appointment times and their rotas reviewed to allow for more bookings. 				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	95.8%	91.9%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	14.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	95.8%	89.9%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	14.0%	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)	91.4%	86.4%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (3)	7.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	559	548	539
Overall QoF exception reporting	6.4%	6.6%	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>	96.8%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (6)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<ul style="list-style-type: none"> Written consent is obtained for joint injections and scanned into the patient record. Consent for other procedures was recording within the patient record on the system.

Any additional evidence
<ul style="list-style-type: none"> There were a range of health care leaflets in the waiting area. There were a range of templates on the computer system, which enabled consistent clinical recording of consultations. QOF data requirements and recall data was embedded in templates. The protocol for excepting reporting was in line with guidance and adhered to. The practice was part of the Primary Home Care model which involved groups of GP practices working together to provide a service. For example, out of hours appointments could be made available throughout the group to improve patient access. Staff reported they had training they needed. Staff confirmed they attended multi-disciplinary meetings, clinical and nursing meetings; and significant events were discussed. Meeting minutes confirmed this.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	24
Number of CQC comments received which were positive about the service	20
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
NHS Choices	We reviewed seven comments made. Positive comments related to friendly and efficient staff and receiving appropriate treatment. Negative comments were about a member of staff's attitude and difficulty in getting through to the practice on the telephone. The overall rating was four stars. All comments had been responded to by the practice.
Comment cards	The majority of comment cards were positive about the service received. Comments included excellent staff; friendly; good care and treatment; and amazing service. Negative comments related to telephone access and the ability to get an appointment, which the practice was in the process of addressing.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,040	218	117	53.67%	3%

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)	96.5%	84.5%	78.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	91.2%	91.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	98.2%	96.6%	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)	91.4%	89.3%	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)	98.9%	93.7%	91.4%	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 treating them with care and concern (01/01/2017 to 31/03/2017)	92.3%	93.2%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
Ongoing	Information from NHS Choices, the Friends and Family test and concerns received was used to make improvements where possible.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	<ul style="list-style-type: none"> Comments received were positive overall, there were some concerns about GPs not appearing interested in condition and referring to specialist services, when the patient did not consider it necessary. The majority of patients considered they were treated with kindness and respect and listened to. They said they were involved in decisions about 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)	92.6%	90.1%	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)	90.5%	86.5%	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)	93.3%	92.2%	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)	84.8%	88.5%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	A total of 150 patients have been identified as carers, this represents over 3% of the practice population.
How the practice supports carers	<ul style="list-style-type: none"> • The practice had identified a carers lead who coordinated information on patients who were also carers. • Patients were asked when they first registered with the practice whether they had caring responsibilities. • The welcome pack provided to patients had information on support available for carers. • A carers pack was also provided, which gave details on services which could provide support if needed.
How the practice supports recently bereaved patients	<ul style="list-style-type: none"> • All bereaved patients are contacted by a GP. • Palliative care patients have their preferred place of death recorded on the shared Dorset Care plan.

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	There was a sign in the reception area requesting that patients waited away from the desk to promote privacy.

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
Comment cards	Patients said they were treated with dignity and their privacy was respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Appointments available	
	Routine prebookable, same day bookable and telephone consultations were available.
Extended hours opening	
Mondays	An evening surgery is offered on Mondays from 6.30pm to 8.30pm. This is for pre- booked appointments only. During these times the telephone lines are diverted to the out of hours provider.

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	
Information on how to request a home visit was available on the practice website and in the new patient pack. Requests for home visits were triaged by a GP.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,040	218	117	53.67%	3%

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)	95.6%	83.8%	80.0%	Variation (positive)
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)	93.8%	83.8%	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)	89.6%	84.4%	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)	98.6%	81.7%	72.7%	Significant Variation (positive)

Examples of feedback received from patients:

Source	Feedback
Comment cards For example, NHS Choices	<ul style="list-style-type: none"> • Patients said that the practice listened to concerns and made appropriate referrals to other services. • Some comments mentioned that when they needed an emergency appointment, these were accommodated. • One comment card stated that it was impossible to get an appointment.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	two
Number of complaints we examined	two
Number of complaints we examined that were satisfactorily handled in a timely way	two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Example of how quality has improved in response to complaints

- A patient raised a complaint online about the poor level of service they had received. This was responded to and customer care training was provided for reception staff.
- A patient wrote a letter of complaint regarding one of the GPs. They were not satisfied with the way a procedure was carried out. This led to a review of processes and the need to ensure a chaperone was offered.

Any additional evidence

- The practice has a portable hearing loop.
- The was accredited as dementia friendly in December 2017
- A template had been developed and implemented to assist with assessing a patient's mental capacity.

Well-led

Leadership capacity and capability

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

- The lead GP had the skills and experience to run the practice. There were opportunities for all staff to develop in their roles and be autonomous in their roles; with appropriate oversight and support from the lead GP. For example, practice nurse management of long term conditions.
- The GPs were aware of becoming isolated due to being a small practice and ensured they were involved in locality working. Work included working closely with other practices to develop joint working, such as offering extended hours appointments and peer support.

Any additional evidence

- There was a range of regular meetings which included monthly clinical meetings; bi-monthly practice nurse meetings; administration meetings; and a whole practice meeting at least once a year.
- Back office support for recruitment and training was provided by IMH.

Vision and strategy

Practice Vision and values

- The vision and values had been discussed with staff members prior to being implemented.
- The vision was to provide high quality, needs based, patient centred healthcare, delivered by motivated and responsive staff.

Culture

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

- The practice had developed a team objective related to how services were provided. This included increasing the attendance of patients with long term conditions; increasing flu vaccination uptakes and increasing the patients list size.

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

Source	Feedback
Staff	Staff said they were supported and had access to appropriate training and development.

Any additional evidence

The practice worked with two other practices in the area to share learning and work collaboratively.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a range of policies and procedures in place, which were in the process of being reviewed to ensure they were relevant and current.
Other examples	There was a range of protocols in place, for example, handling specimens and; managing test results.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
<p>March 2018 The practice had to close due to the bad weather</p>	<ul style="list-style-type: none"> The practice implemented its business continuity plan and was able to continue to provide a service. A review of how the business continuity plan worked was undertaken and it was determined that if the GP could work remotely this would have been beneficial. The practice was in the process of implementing a system to allow this to happen.
<p>June 2017 A medicine fridge was showing a high temperature out of the recommend range overnight.</p>	<ul style="list-style-type: none"> The cold chain procedure was implemented. The information from the data logger was downloaded to find out how low the fridge temperature had been out of the recommended range. Manufacturers of vaccines were contacted for advice on whether these were still safe to use. A notice was place on the sockets of fridges used to stored vaccines to remind staff not to unplug them.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The patient participation group consisted of a virtual group and a small group of patients who met on a face to face basis. They have been working with the practice on re-designing the patient welcome pack, which was being printed at the time of the inspection. This was in response to patient comments.

Any additional evidence
Feedback received by the patient participation group and the practice included: Patients sometimes mentioned that it was hard to get through to the practice by telephone at certain times of the day and they do not like an engaged tone. The practice has commissioned a new telephone system which would allow numerous lines, a numerated queuing system, automatic patient message and options. There are plans to implement it later in 2018.

Continuous improvement and innovation

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

Audit area	Improvement
Review of valproate prescribing in women of child bearing age.	<ul style="list-style-type: none"> A search carried out on computer system in response to a safety alert. Seven patients were identified and their records were reviewed. One of the patients was still on valproate and was referred for speciality review.
Audit of aptietens on warfarin therapy.	<ul style="list-style-type: none"> The audit was carried out to see if patients prescribed warfarin could be changed to an alternative anticoagulant, if their clotting rate was in within the recommended target range. A total of 39 patients were on warfarin, 14 of whom were within the target range for blood clotting. Of these four patients were identified as potentially being able to change their anticoagulant. The four patients were invited for a review, two were changed to an alternative anticoagulant and one stayed on warfarin, the other no longer required an anticoagulant. Another audit was completed in 2018 to review patients on warfarin. Patients on warfarin without a valid reason or condition have been written to inviting them in for a medical review with the GPs to discuss DOAC alternatives.

Any additional evidence

- The practice was starting to trial workflow optimisation processes to improve handling of correspondence and tasks.
- At the time of the inspection the practice was finalising the recruitment of an advanced nurse practitioner.

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

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

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

The following language is used for banding variation:

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

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

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

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

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

Glossary of terms used in the data.

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