

Care Quality Commission

Inspection Evidence Table

Modern Medical Centre (1-571421268)

Inspection date: 17 September 2018.

Date of data download: 10 September 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.	N
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	N
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	
<ul style="list-style-type: none">On the day of the inspection, the GP specialist adviser reviewed the child protection register with the provider. The GP specialist adviser found a child's records showed they had two younger siblings who had not attended both vaccination and hospital appointments. A review of the child protection and vulnerable child registers found the two siblings were not on the practices registers and no alert was found on the computer system. The GP and practice manager explained they had contacted the health visitor about this case, however, on the day of the inspection the GP and practice manager could not find written evidence to support this. The children were added to the practices child protection register on the day of the inspection and the practice have assured CQC that the appropriate agencies have been informed. Following the inspection the practice manager explained the children had been previously referred to the multi-agency safeguarding hub (MASH).On the day of the inspection we found the child protection register provided had 18 children. However, on review of their date of births we found the register included a 29 and 36-year-old. In addition, the practice had 12 children on the looked after children register. ('Looked after children' are placed with foster carers, in residential homes or other relatives care). Following the inspection,	

the practice manager informed us they had reviewed the lists. Currently there remained 12 patients on the looked after child register, and 26 patients on our child protection register this includes four patients who are identified as children in need. In addition, they had created a new way of accessing and storing this information so that it was easier to access the information.

- At the time of the inspection, the staff said when a child failed to attend an appointment for immunisations, the clinician would pass the information to the administration team who would send out a further appointment letter. However, at the time of the inspection, it was unclear how either the clinician or the administration team collated this information to identify children who may be at risk and which member of staff was responsible for the review.
- At the time of the inspection, the GP told us the practice did not have a vulnerable adults register.
- Following the inspection, the practice manager sent a copy of the practices patients who 'Did Not Attend' policy, vulnerable persons protocol for adults and new protocol for children. These policies set out the action staff had to take but did not specify which member of the staff team was responsible for oversight of this system.

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
<p>Explanation of any answers: At the time of the inspection not all of the documentation was available for the inspection team to view. The practice manager sent this following the inspection.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 2018	Y
There was a record of equipment calibration Date of last calibration:10 August 2018	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 1 August 2018	Y
Actions were identified and completed.	Y
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Y
Health and safety risk assessment and actions Date of last assessment: 7 July 2018	Y
Additional comments: <ul style="list-style-type: none"> The health and safety risk assessment included the premises and security risks. 	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 1 August 2018 The practice acted on any issues identified Staff replaced a bin in the reception area.	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: <ul style="list-style-type: none"> • The premises appeared clean and tidy, the cleaning staff cleaned the premises twice a week and followed and completed a cleaning schedule. • Staff had labelled sharps bins, the correct clinical waste bags were used and the practice had a waste management contract in place. • The staff did not keep a cleaning record of the material curtains in the consulting rooms. In addition, the paper curtains did not have the date they were commenced. Following the inspection, the practice manager sent confirmation that they had replace the curtains. In addition, we were provided evidence they had introduced new system to monitor areas of infection control. • The clinical equipment was single use and we found the samples we checked in date. A system was in place for each member of staff using the room to check the stock. However, there was no written record of when this occurred or the checks they made. 	

Any additional evidence
<ul style="list-style-type: none"> • The practice had employers' liability in place from 27 May 2017to 26 May 2018. • The practice had carried out their gas safety and electrical installation, which were both next due in 2019. • The provider had carried out a legionella risk assessment in 2018. Following the inspection, the practice manager provided evidence they had implemented a new system to follow the recommendations in the risk assessment. •

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"> • The practice manager's assistant had recently left and the practice were in the process of replacing them. This had added pressure to the practice manager's role who worked 24 hours a week. • The two-practice nurse's joint working hours was 20 hours a week. • The practice did not use agency staff or short-term locum GPs, therefore all the GPs working at the practice were aware of the protocols to follow. 	

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"> • Dementia care plans were not seen on the day of inspection because they were held at the care homes. • The practice had introduced a new computer software system in February 2018 to enable it to share information with out of hours services. 	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.70	0.87	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	10.1%	11.5%	8.7%	Comparable with 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.	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.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	N
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y/N
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y

Both were checked regularly and this was recorded.	N
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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> An advanced nurse practitioner had recently started work at the practice, the GP monitored their prescribing. The GP carried out a weekly and annual review of the medicines for the residents on complex medicines who lived at the care home. On the day of the inspection, staff recorded that they checked the emergency medicines every three months. However, we found the checklist did not include one of the two ampoules of hydrocortisone and the dosage on the checklist did not match the dosage on the hydrocortisone ampoules. In addition, the syringes had expired as the use by date was November 2015 and the Atrovent nebuliser expired in November 2017. <p>GPs checked the medicines in the bags they used for home visits. The GPs carried some first dose medicines, such as antibiotics, codeine, diazepam and co-dydramol. The GPs did not complete a checklist to check the date the drugs expired or to ensure they were replenished when used.</p> <p>The practice did not have a risk assessment in place to identify medicines that were not suitable for the practice to stock. For example, the practice did not hold rectal or IV diazepam.</p> <p>Following the inspection, the practice manager informed CQC the out of date syringe and drug has been disposed of and there was a new monthly system in place to monitor the emergency and doctors bags medicine and equipment.</p> <ul style="list-style-type: none"> Staff recorded that they checked the oxygen cylinder every three months. However, we found that the oxygen tubing had expired its use by date of May 2018. On the day of the inspection, staff removed the battery to the defibrillator and said this would be inserted if used or for a monthly check. Following the inspection, the practice has updated its policy and protocol to reflect current practices. On the day of the inspection, nursing staff carried out a weekly check of the vaccines in the fridge and rotated the stock, however this was not recorded. Following the inspection, the practice manager sent information to show a new system was in place to record the delivery, distribution and rotation of the vaccines. 	

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	N
Number of events recorded in last 12 months.	3
Number of events that required action	3

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

Event	Specific action taken
Repeat prescription for medicines incorrectly prescribed.	Investigated by the practice manager, the staff had misinterpreted the patients request for repeat medicines. The learning outcome was to double check with the patient their request, and check when the medication was last issued. In addition, query high doses especially when this was not regularly prescribed.
Breach of confidentiality by staff.	Investigated by the practice manager. The member of staff resigned. Training sessions held for all staff to remind them of confidentiality and their duty to protect patient information.
Incorrect patient records.	Patient asked was asked by staff if they had an illness, which they did not have, due to incorrect patient records. The practice offered the patient an apology and the member of staff who had recorded the incorrect information was retrained.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: <ul style="list-style-type: none"> The practice had not responded to the safety alert Ref: EFA/2010/007 Issued on the 8 July 2010 regarding risk assessing the window blinds with looped cords in the waiting room and the consultation rooms. Which were not secured and could have posed a risk to children. 	

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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.29	0.75	0.83	Variation (positive)

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)	65.7%	74.2%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (13)	13.9%	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)	80.3%	79.4%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (7)	10.0%	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)	73.9%	74.5%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (12)	13.9%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	71.4%	76.3%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	94.7%	88.2%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.0%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.8%	81.9%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (3)	3.6%	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)	82.0%	86.1%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (5)	8.0%	8.2%	
Any additional evidence or comments				
<p>Following the QOF results for 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 (01/04/2017 to 31/03/2018) result of 65.7%. The practice had carried out an audit which provided improvements. The unpublished data for 01/04/2017 to 31/03/2018 showed an increase to 71.1%.</p> <p>The practice had carried out a recent clinical audit of patients with atrial fibrillation to check they were prescribed the correct anti coagulants, the results were 100%.</p> <p>The practice recommended patients to buy a blood pressure monitoring machine, to monitor their ambulatory blood pressure. This was because the wait following referral for use of a monitor was up to six weeks.</p>				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	90	103	87.4%	Below 90% minimum (variation negative)
The percentage of 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)	96	115	83.5%	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)	98	115	85.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	97	115	84.3%	Below 90% minimum (variation negative)

Any additional evidence or comments

- The practice nurse explained that the vaccine figures were affected by patients taking long holidays and occasionally receiving their vaccine in the country they had visited.
- The practice nurse had planned to hold a Saturday clinic to improve the access for parents and children.
- When a child failed to attend an appointment for immunisations, the clinician would pass the information to the administration team who would send out a further appointment letter. However, it was unclear on the day of the inspection, how either the clinician or the administration team collated this information to identify children who may be at risk or who had the overall responsibility for this.

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 at a given point in time who were screened adequately within a specified period (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)	67.4%	73.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.0%	73.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	44.2%	50.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	92.9%	76.1%	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)	66.7%	54.7%	51.6%	Comparable with other practices
Any additional evidence or comments <ul style="list-style-type: none"> • The practice nurses explained they monitored their results from samples taken. • Patients who did not attend appointments for cervical smears received alternative appointments. • The practice nurses followed up any negative results to check that patients had been informed. • The practice nurses had completed their cervical smear training in April and May 2018. 				

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)	85.3%	90.7%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.5%	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)	88.2%	90.8%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.9%	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)	81.1%	82.8%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (3)	4.1%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	504	524	539
Overall QOF exception reporting (all domains)	2.3%	5.4%	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) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.3%	94.7%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (2)	0.6%	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 was obtained for a patient who had a joint injection. We saw that the consent form was scanned and added to the patient notes. Clinical staff were aware of processes for seeking consent within the relevant legislation and some told us they had received training. However, the training records submitted did not show whether any staff had completed Mental Capacity Act or Mental Health Act training.

Any additional evidence
<ul style="list-style-type: none"> Older people - The practice provides clinical support to a 39-bed residential home, that provides care for people at the end of life and with dementia. In September 2017 the residential home, was accredited with a platinum award, which was awarded to the residential home for providing gold standard end of life care under the Gold Standard Framework for over six years. The home manager told us the accreditation and the care provided to patients would not have been possible without the input from the GP who knew the patient's, provided a consistent approach, visited the residential home weekly, carried out regular reviews of the 31 people on the end of life care pathway. This included reviews with the pharmacist of polypharmacy and advance plans of care to prevent hospitalisation. The home manager also commented on how responsive the GP was to the patient's clinical needs.

- The practice attended the integrated care management (ICM) meeting monthly to discuss patients with complex care needs with other clinicians.
- Patients discharged from hospital were discussed at the ICM meetings and visited by the community treatment, ICM teams or the GP.
- The GPs and practice manager held daily meetings to review the patient's needs. Such as discharges from hospital, referrals from urgent care or abnormal blood results.
- The practice provided information about how it had enabled an older patient to secure a second medical opinion about their illness, which had resulted in surgery and improved the patient's quality of life.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Patient comments cards.	Patients completed 23 CQC patient comment cards. Twenty-two patients made positive comments about the service. These included the comments, 'staff very helpful', 'I find it very good', 'I am very happy to come here'. 'Always caring', 'respectful and helpful', 'very clean and tidy surgery', staff always 'very welcoming'. One commented the reception staff were 'wonderful'.
NHS Choices.	From April the practice had six reviews. Four scored the practice as five stars and made positive comments about the staff and two scored the practice as one star and their complaint was accessing appointments. The practice reviewed the feedback but had not responded to them.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5683	346	107	30.9%	1.88%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	82.8%	85.5%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	75.9%	83.4%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	89.8%	94.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	68.5%	80.7%	83.8%	Comparable with other practices
Any additional evidence or comments				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018). The practice believed this scored lower due access to the practice and responded by increasing the number of appointments and increasing the number of telephone lines into the practice.				

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

Date of exercise	Summary of results
Survey carried out April 2018	Patients were asked do you prefer extended hours or opening Thursday afternoon. Eighty-seven patients responded with the majority (67%) preferring extended hours.
Survey carried from the 5 March to 16 March 2018	A patient survey regarding access to the surgery by the telephone lines. This was in response to GP Survey. Ninety-nine patients responded to the survey, 45% stated they accessed the service immediately and 19% stated they had to wait over three minutes. 92% of patients stated they had not received the engage tone when calling into the practice.
Survey carried from 6 August to 17 August 2018	Re-audit of the telephone lines following introduction of the new telephone system, which demonstrated improvements. One hundred and nineteen patients responded 67% of patient stated they accessed the service immediately and 13% stated they had to wait over three minutes. 97% of patients stated they had not received the engage tone when calling into the practice.

Any additional evidence
<p>The practice had carried out a 'you said we did' for 2018 where they had reviewed how they had responded to patient feedback. For example, the practice responded by improving access in regard to lower scores for access.</p> <p>The provider explained how an older person with anxiety issues often called at the surgery where staff would provide support whilst they carried out various techniques to ease their anxiety.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient Participation Group (PPG)	The member of the PPG said they said they would recommend the practice; the doctors were excellent.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much	84.3%	91.6%	93.5%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				
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.	N
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	51 patients were identified as carers, this is 0.9% of the practice patient list.
How the practice supports carers	The staff signposted to support groups, information to carers groups was displayed in the waiting room. The practice provided health checks. The practice provided flu vaccinations.
How the practice supports recently bereaved patients	Staff sent condolence cards to relatives, and where appropriate counselling maybe offered.

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	<ul style="list-style-type: none"> • The reception desk had a self-check in. • The reception staff said that they could take patients into a separate room should they want to speak in private. • Staff ensured patients records were not in sight of patients entering reception. For example, computer screens did not face towards the reception area.

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

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 1.30pm
Friday	8am to 6.30pm

Appointments available	
Monday	8.30am to 1.30pm and 3.30pm to 6.30pm
Tuesday	8.30am to 1.30pm and 3.30pm to 6.30pm
Wednesday	8.30am to 1.30pm and 3.30pm to 6.30pm
Thursday	8.30am to 1.30pm.
Friday	8.30am to 1.30pm and 3.30pm to 6.30pm
Extended hours opening	
When the practice is closed	<ul style="list-style-type: none"> • GP access hubs appointments available from Monday to Friday 6.30pm to 10pm and at weekends, • NHS 111, • Walk in centres, • A&E.

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	
The practice had a list of patients who they knew required home visits. In addition, if a patient who was not on the list asked for a home visit this would be referred to the GP to prioritise.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5683	346	107	30.9%	1.88%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.6%	94.2%	94.8%	Comparable with other practices
Any additional evidence or comments				

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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	41.0%	65.7%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	46.9%	64.5%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	49.4%	62.2%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	60.3%	69.9%	74.4%	Comparable with other practices
Any additional evidence or comments				
In response to these results the practice carried out its own survey in March 2018. They responded by increasing the number of telephone lines into the surgery and by increasing the number of appointments. The practice carried out their own re-audit in August 2018 which demonstrated improvements in patients' feedback.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	From April the practice had six reviews, four scored the practice as five stars and made positive comments about the staff and two scored the practice as one star and their complaint was accessing appointments. The practice reviewed the

	feedback but had not responded to them.
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
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	1
Additional comments:	
<ul style="list-style-type: none"> A complaint in October 2016 referred to the Parliamentary and Health Service Ombudsman was on-going. 	

Example of how quality has improved in response to complaints
<ul style="list-style-type: none"> Following a breach of confidentiality by a member of staff. Training sessions were held for all staff to remind them of confidentiality and their duty to protect patient information.

Any additional evidence
<ul style="list-style-type: none"> The practice manager investigated and responded to the complaints, with the support of the GPs for clinical complaints. All complaints seen, had an apology and information about where the complainant could take the complaint further should they be unsatisfied with the practices response.

Well-led

Leadership capacity and capability

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

- The practice had recruited a new partner, to increase the capacity of the service and plan for the succession of the practice.
- The partners were undertaking training to enable them to train GP registrars in the practice.
- Staff told us that the practice manager and the GPs were visible and approachable in the practice.

Vision and strategy

Practice Vision and values

- Staff told us the practice aims to deliver a high quality of care in a warm and friendly atmosphere. Where they maintained confidentiality always. They aimed to support the patients and carers to make an informed choice about their care and treatment.

Culture

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

- Staff stated they felt respected, supported and valued and worked well as a team.
- We saw evidence the provider had responded to staff performance.
- The complaints and significant events demonstrated openness and honesty in their responses.
- All staff received regular annual appraisals in the last year.

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

Source	Feedback
Temporary staff	<ul style="list-style-type: none">• Praised the practices culture and welcoming attitude to new or temporary staff.
Staff spoken with on the day of inspection.	Commented they worked well as a team and felt supported by managers.

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	Staff were aware of policies and procedures and where to access them. However, some policies and protocols had been adapted from other practices and were not specific to the practice. For example, the protocol for requesting a repeat prescription includes dispensing staff, however the practice does not dispense medication. The significant event policy referred to a different practice in the footer,
Systems in place to delivery good quality care.	We have found gaps in the systems and processes for safeguarding, medicines, infection control and recruitment which were at times ineffective and did not always mitigate and prevent risks to patients or support good governance. At the time of the inspection staff could tell us about the actions they had carried out but they were sometimes unable to provide us with the written evidence of their actions. However, following the inspection the practice has responded within 48 hours and put into place new systems and processes to ensure accurate recording and to minimise the risks to patients.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
<ul style="list-style-type: none"> Practice held daily meetings which were attended by the practice manager and clinical staff to review patients and risk. Multi-disciplinary team meeting were held monthly. Practice meetings for all staff attended six monthly. An assistant to the practice manager had recently left the practice, this post was being recruited to. However, the lack of the assistant had increased the practice managers workload.

Managing risks, issues and performance

Major incident planning	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
Succession	The partners had considered the practice succession and had made plans to consider introducing new partners.

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 member of the PPG said the group were very active. The group met with the staff at the practice every three months, where the staff discussed any issues or complaints. The practice listened to the concerns raised by the PPG and responded to them. They said they would recommend the practice; the doctors were excellent and the appointment system had improved following a change to the telephones in March 2018.

Continuous improvement and innovation

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

Audit area	Improvement
Novel oral anticoagulant (NOAC)	The provider shared this audit with the local Care Commissioning Group (CCG). This prompted the CCG to require all the GP's to carry initiate a audit.
Antibiotic and methotrexate clinical audits	Two cycle audits that demonstrated good antibiotic stewardship.
Bisphosphonates clinical audit	A two cycle audit where the second audit demonstrated a third more patients had been reviewed whilst taking the medicine.

Any additional evidence
<ul style="list-style-type: none"> The practice had a medical student and both of the GP partners were working towards becoming GP trainer by the end of the year.

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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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](#)).