

Care Quality Commission

Inspection Evidence Table

Riverlyn Medical Centre (1-4048912460)

Inspection date: 13 November 2018

Date of data download: 07 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

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: N/A.	

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.	N
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:</p> <p>*Most staff had worked at the practice for a number of years. We checked the recruitment records of the two most recent staff. These records contained DBS checks and references but neither file contained a completed application form and one did not contain interview notes. The practice provided a copy of a new application form template following the inspection to be used for future staff recruitment.</p> <p>The practice kept records of staff vaccination for influenza and Hepatitis B but did not record staff vaccination for other diseases including tetanus, polio, diphtheria and measles, mumps and rubella. Following our inspection visit, the practice contacted staff to request their vaccination status for these diseases.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: February 2018.</p>	Y
<p>There was a record of equipment calibration Date of last calibration: February 2018 (July 2018 for spirometer).</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Y*
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks</p>	Y
<p>Fire drills and logs</p>	Y
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	Y
<p>Fire risk assessment Date of completion: May 2018.</p>	Y
<p>Actions were identified and completed.</p>	N
<p>Additional observations:</p> <p>*Risk assessment information was in place for hazardous substances but could be further improved to provide staff with additional detail on managing risk. No risk assessment was in place for the storage of oxygen.</p> <p>The fire risk assessment identified risk regarding lighting in five non-patient areas. Not all of these areas had been rectified at the time of our inspection visit.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: March 2018.</p>	Y
<p>Health and safety risk assessment and actions Date of last assessment: March 2018.</p>	Y
<p>Additional comments:</p> <p>A health and safety policy was in place and was reviewed in April 2018.</p> <p>A legionella risk assessment had been completed in March 2018 and water had been tested for legionella. Water temperatures were also monitored by staff.</p>	

Infection control	Y/N
Risk assessment and policy in place	Y
Date of last infection control audit: November 2018.	
The practice acted on any issues identified	Y
<p>Detail:</p> <p>The infection control audit identified some minor environmental issues which were being rectified by the practice.</p>	
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

Any additional evidence
<p>The premises were maintained to an appropriate standard. Several patient comments provided positive feedback on the cleanliness of the practice and that staff washed hands/wore gloves as required.</p> <p>Staff told us that equipment was being cleaned and decontaminated appropriately and we observed that equipment appeared clean. However, there was no documentation in place to record when cleaning was taken place to ensure that all equipment was cleaned regularly. The practice informed us that a cleaning schedule log had been developed for use after our inspection.</p> <p>The infection control lead had completed the online training available within the practice. However, further training would provide them with additional knowledge and support to fulfil their lead role.</p>

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> <p>GPs worked together to cover absences and long term regular locums worked at the practice.</p> <p>A significant event had been recorded of when a patient had collapsed in the practice. The documentation noted that staff had acted promptly and appropriate support had been given to the patient.</p> <p>Sepsis management had been discussed at clinical meetings and appropriate equipment was available to enable the assessment of patients with presumed sepsis.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	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> <p>*The Practice had a backlog of approximately 57 patient records to summarise. The practice had allocated an additional staff member to carry out this work and planned for this to be completed by the end of January 2019.</p>	

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)	1.02	0.84	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)	4.3%	7.6%	8.7%	Variation (positive)

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.	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.	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> <p>Patient Group Directions were appropriately authorised; however, Patient Specific Directions were not appropriately authorised and the practice agreed to immediately review this area.</p> <p>Processes to manage the security of prescription pads had improved since the last inspection.</p> <p>*Stock levels and expiry dates of emergency medicines were monitored and we saw no medicines out of date. However, there was no documentation in place to record when emergency medicines in the reception area had been checked or a list of emergency medicines that should be stored in the reception area. Following our visit, the practice told us that this documentation had been put in place.</p> <p>Staff told us that the defibrillator and oxygen were regularly checked and we saw no concerns with either. However, there was no documentation in place to record when they had been checked to ensure that they were checked regularly. Following our visit, the practice told us that this documentation had been put in place.</p> <p>Vaccines were stored appropriately, however, the vaccine fridge was not wired into a switch-less socket to prevent it being turned off accidentally.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	N/A
Access to the dispensary was restricted to authorised staff only.	N/A
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	N/A
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	N/A
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	N/A
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	N/A
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	N/A
<p data-bbox="76 1234 718 1272">Any other comments on dispensary services:</p> <p data-bbox="76 1323 574 1361">The practice was not a dispensary.</p>	

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.	7
Number of events that required action	7

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

Event	Specific action taken
Vaccine administered 24 hours out of date	Medicines company contacted for advice. Systems tightened to improve monitoring. Team meeting held to discuss incident and learning. Apology given.
Potential medicines issue	Repeat Prescribing policy updated and team meeting held.
Potential information governance issue	Staff member reminded of information governance responsibilities.

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>There was a process to receive, cascade and review MHRA alerts within the practice. We observed that actions were taken in response to relevant MHRA alerts.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.86	0.72	0.83	Comparable with 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 (01/04/2017 to 31/03/2018) (QOF)	62.0%	71.2%	78.8%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (10)	11.0%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	73.8%	72.5%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (8)	8.0%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	84.4%	75.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (14)	12.1%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	82.6%	74.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (5)	6.6%	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 (01/04/2017 to 31/03/2018) (QOF)	93.3%	89.0%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (3)	10.8%	11.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	81.4%	81.7%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (15)	3.5%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	96.4%	90.4%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.2%	6.7%	
Any additional evidence or comments				
<p>Diabetes forums had been held to raise patient awareness. A diabetes specialist nurse had a regular clinic in the practice and the employment of a full-time practice nurse in January 2019 would allow further resources to be put into this area.</p> <p>Patients told us that they were offered advice on healthy living and long-term conditions. Comment cards contained positive comments on how well asthma and diabetes were managed by staff.</p> <p>Advice on healthy lifestyles was also displayed on the practice walls and on the tv screen in the practice.</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)	48	60	80.0%	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)	32	37	86.5%	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)	33	37	89.2%	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)	35	37	94.6%	Met 90% minimum (no variation)

Any additional evidence or comments

Practice staff invited parents to bring their baby for the first group of immunisations and practice nurse checks. Any missed appointments and follow up appointments were made by practice staff. A baby clinic was held at the practice every Wednesday and we saw information was displayed in the waiting area regarding baby and young children checks.

The Practice provided additional information to us explaining the steps they had taken to address specific missed immunisations. Practice staff worked in conjunction with the health visitor to send letters, make phone calls and home visits to encourage immunisation. The practice acknowledged that they had difficulty encouraging certain groups of their practice population to attend for immunisation.

Staff immunising children sent their parents to reception to make their next immunisation appointment rather than making the next appointment in the consulting room to improve attendance rates.

Following our inspection, the practice told us that they would be setting up a recall system for those patients that had missed their first-year immunisations.

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)	74.9%	71.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.0%	69.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	52.1%	52.6%	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)	66.7%	61.8%	71.3%	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)	57.1%	53.0%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>Patients who have not attended for cervical screening at the appropriate time are contacted by text, letters and phone by the practice. The Practice has worked with Learning Disability nurses to encourage patients with learning disabilities to attend for cervical screening.</p> <p>During the inspection the practice made available up to date information which indicated that 100% of patients with cancer diagnosed within the preceding 15 months, had received a patient review recorded as occurring within 6 months of the date of diagnosis.</p> <p>Patients told us that they were offered appropriate health screening and screening information was also displayed on the practice walls and on the tv screen in the practice.</p>				

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 (01/04/2017 to 31/03/2018) (QOF)	94.1%	87.4%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	14.5%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	93.8%	88.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (1)	13.5%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	85.7%	86.0%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.9%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	529.74 (94.8%)	94.5%	96%
Overall QOF exception reporting (all domains)	3.4%	5.7%	5.8%

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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	97.9%	95.0%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (12)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>The practice recorded consent for procedures when this was appropriate. For example, written consent was obtained for any skin procedures undertaken as minor surgery within the practice, and for coil fittings. Verbal consent was sought and documented for joint injections.</p> <p>The requirements of the Mental Capacity Act 2005 were considered by staff where appropriate.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	77
Number of CQC comments received which were positive about the service	71
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Patient comment cards completed prior to our inspection were generally very positive regarding the kindness of staff. Many comment cards referred to caring, friendly staff and positive comments were made in relation to all staff including reception staff, nurses and doctors.
Carer surveys	The practice had surveyed a number of carers. Completed surveys were very positive regarding staff at the practice and care provided.
Patient interviews	Interviews were generally positive regarding the caring nature of staff. Some patients told us that they preferred to see specific staff who they had better relationships with than other staff.
NHS Choices	Comments posted by patients on the NHS Choices website were generally positive. The practice always responded to these comments and where patients had expressed dissatisfaction, they were encouraged to approach the practice directly to discuss this in more detail.

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
3017	334	84	25.1%	2.78%

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)	76.5%	87.4%	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)	82.3%	84.8%	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)	88.5%	93.4%	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)	70.1%	82.3%	83.8%	Comparable with other practices

Any additional evidence or comments

The practice had considered the National GP Survey results and had discussed results at team and individual meetings. Patient feedback was reviewed monthly and staff felt that results were improving.

Comments cards were generally positive regarding whether patients felt listened to by the GP and other staff.

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

Date of exercise	Summary of results
Monthly analysis of completed surveys	Surveys showed improvement in results including overall views of care provided by staff at the practice.

Any additional evidence
<p>A Patient Participation Group member explained that they were involved in obtaining feedback from patients, including surveys.</p> <p>A 'You said, we did' notice was displayed in a patient area explaining actions taken in response to feedback received.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient interviews	Most patients felt listened to and that they had enough time at consultations. Some patients felt better listened to by certain staff members compared to others.
Comment cards	Comment cards were generally very positive regarding people feeling listened to and involved in their care.

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 as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	92.5%	90.8%	93.5%	Comparable with 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.	N
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had identified 76 carers which was 2.5% of their registered patient list.
How the practice supports carers	The practice website included links to various sources of information to support carers, including young carers. Information leaflets were also available within the practice. Staff were also able to help signpost carers to support groups and services. Flu vaccinations were offered to carers and longer appointments were available.
How the practice supports recently bereaved patients	The practice sent condolence cards and made a phone call following a bereavement. Bereaved relatives or carers were offered an appointment if this was required with signposting to additional support should this be indicated.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk could be separated from the waiting area with a glass screen to keep incoming phone calls confidential. The layout of the waiting area helped to keep discussions at reception confidential. A room was available next to the reception for confidential and sensitive discussions if this should be required.

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
Patient interviews	Patients were felt that they were treated with dignity and their privacy protected. Many patients felt that this area had improved and also told us that chaperones were offered and provided where appropriate.
Comment cards	Many patients commented positively in this area.

Any additional evidence
*Curtains were provided in GP consulting rooms to maintain patients' dignity; however, they were not present in the rooms used by the practice nurse or healthcare assistant. Staff told us that this was due to changes in room layout which meant that there was now no curtain rail in place. Staff had risk assessed the provision of dignity screens but felt that these were not appropriate due to risk. Staff emphasised that rooms were always locked and patients were provided with covers to preserve their dignity.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 19:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

<p>Appointments available</p> <p>GP appointments were available starting from different times each weekday morning:</p> <p>8.30am Mon and Tues, 9.30am Wed, 10am Thurs and 9am Fri.</p> <p>In the afternoon, GP appointments were available starting from different times each weekday afternoon:</p> <p>2.30pm Mon, 4pm Tues, 4pm Wed and 3pm on Friday.</p> <p>Thursday afternoon appointments are offered in partnership with three other local practices so are available in the practice every 4th week and in other practices for the other three weeks. These usually start at 1.30pm.</p> <p>Nurse appointments were available one morning a week. The Practice had recruited a nurse who would be starting in January 2019 and additional nurse appointments would be available then.</p> <p>Healthcare assistant appointments were available four mornings a week.</p> <p>Phlebotomist clinics took place one day a week. However, staff were trained in phlebotomy and were available every weekday.</p>
<p>Extended hours opening</p> <p>Extended hours were available at the practice on Tuesday evenings from 6.30-7.30pm.</p> <p>Extended hours were also provided at the extended hours hub in Nottingham from 4-8pm Mon-Fri and 9am-1pm Sat-Sun.</p>

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	
Reception staff worked in conjunction with a GP to assess and arrange home visits where appropriate.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3017	334	84	25.1%	2.78%

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)	95.9%	92.8%	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)	60.5%	69.9%	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)	67.9%	68.0%	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)	68.4%	67.9%	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)	73.9%	72.7%	74.4%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice was introducing a new telephone system in March 2019 to address concerns about telephone access to the practice. Additional staff were being recruited to cover reception and reduce telephone response issues.</p>				

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients provided mixed feedback regarding access to appointments.
Comment cards	Comment cards were generally positive regarding the ease of getting an appointment, especially online booking of appointments. A couple of comment cards were negative regarding access to appointments.
NHS Choices	One positive and one negative comment regarding access to appointments.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	8
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:	
<p>Complaints information was available in the practice leaflet, on the waiting room wall and in a separate complaints leaflet at reception, however, the practice's website did not contain any information and there was no easy read information on making a complaint. Following our inspection, the practice added a complaints form to their website via the PPG link.</p> <p>Complaints were analysed and discussed at team meetings to share any learning from complaints.</p> <p>Patients told us that they knew how to make a complaint.</p>	

Example of how quality has improved in response to complaints
<p>Change in phlebotomy practice following complaint leading to improved in-practice phlebotomy service.</p> <p>Following complaint regarding lack of communication of late running clinics a whiteboard is now used to inform patients of any late running clinics to ensure patients informed of any delays.</p>

Any additional evidence

Well-led

Leadership capacity and capability

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

The partners had considered succession planning and worked with three long term locums to ensure continuity of care.

An additional nurse and apprentice were to be employed to improve the capacity and capability of the practice.

The practice had grouped together with neighbouring practices to ensure business continuity in the event of emergencies and to offer Thursday afternoon appointments for patients.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice's mission statement was:

'To enhance the quality of life of individuals in the local community through the efficient use of all health care resources available.

To nurture a culture that is innovative, forward looking and adaptable.'

The practice had a clear vision and values which included:

'To maintain an environment which is both welcoming and caring, and accessible to all our patients.

To treat all patients equally and fairly with dignity and respect

To support patients in helping them to make decisions to improve and maintain their health.'

We observed staff worked in line with the practice's vision and values during our inspection.

Culture

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

We saw examples where leadership encouraged cooperative, supportive and appreciative relationships between all staff. Most staff were longstanding and felt respected and valued. Staff spoke positively of the leadership provided by the two GP partners.

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

Source	Feedback
Staff interview	A staff member described the practice as welcoming with GP partners who encouraged staff to attend training. All staff were supportive and receptive to new ideas.
Staff interview	A staff member told us that that GP partners were very supportive and approachable. They told us that all staff worked together well.

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	A range of policies and procedures were in place and were readily accessible. These were reviewed at specified intervals.
Other examples	<p>A clear governance structure was in place led by the two partners and the practice manager. Other staff shared responsibility/lead roles for some areas including safeguarding children and infection control.</p> <p>Monthly staff meetings, quarterly MDT and regular clinical meetings took place where a range of issues were discussed to support the delivery of good quality and sustainable care.</p> <p>Six-weekly meetings took place with the Health Visitor to ensure children and vulnerable people received appropriate care and support.</p>
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

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
Legionella	Risk assessment in place, water testing and water temperature monitoring.
Fire	Risk assessment in place, regular testing and maintenance of fire alarms and firefighting equipment. Fire safety training in place and fire drills carried out regularly.
Security	Security risk assessment in place and systems and measures in place to ensure security of patients, staff and premises.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence
Staff had attended information governance training.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
A PPG member told us that there were regular meetings attended by the Partners and the Practice Manager. They told us that the PPG were listened to and actions were taken in response to PPG recommendations. Where recommendations were not followed clear reasons were given. The PPG staff member felt that the practice was open and honest and supportive of the PPG.

Any additional evidence
We saw that PPG information was clearly displayed on the walls as soon as you entered the practice and information was also found on the practice website. However, we saw that PPG meetings were not displayed on the wall or on the website. Following our inspection, the practice uploaded the minutes of all PPG meetings held in 2018.

Continuous improvement and innovation

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

Audit area	Improvement
Atrial Fibrillation	All patients now receiving most appropriate anti-coagulation medicines.
Methotrexate	All patients undertaking regular blood testing and receiving specific strength of tablet following MHRA alert re possible overdose.

Any additional evidence
The practice reviewed all deaths of patients at regular meetings of doctors at the practice. Circumstances of a patient's death and their medical history were discussed and action points for the practice identified.

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](#)).