

# Care Quality Commission

## Inspection Evidence Table

### Mansion House (1-545855894)

Inspection date: 19 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.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: The practice had an up to date recruitment policy supplemented with a recruitment checklist. Locum staff were provided with a comprehensive induction pack.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes August 2018
There was a record of equipment calibration Date of last calibration:	Yes August 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes*
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes**
Fire risk assessment Date of completion	Yes January 2018
Actions were identified and completed.	Yes
Additional observations: * The practice records showed that comprehensive fire drills took place every six months. At the time of inspection there were no notes about learning points to be considered. Practice staff told us that fire drills had gone well and that they were happy with the process. **The practice did not call the staff responsible to support others in the event of a fire, fire	

marshals. All practice staff had been trained by the fire brigade and used the fire floor sweeping system.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes November 2018
Health and safety risk assessment and actions Date of last assessment:	Yes November 2018
Additional comments: The practice kept comprehensive records for all aspects of health and safety, we also saw the following certificates: Electrical installation certificate: October 2017 Legionella: November 2017 Gas safety certificate: September 2018 Emergency lighting checks test certificate for new installation: January 2018	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes August 2018 Yes
Detail: The full infection prevention and control audit was supported with a dedicated action plan which captured all completion dates. Additional quarterly spot check audits on hand washing technique had been carried out. <ul style="list-style-type: none"> <li>The practice had taken action to reduce the risk of infection to patients and staff and had all of the clinical couches recovered. The audit had identified that most of the couches had grazes or small tears to their surfaces which could harbour bacteria. All taps in clinical areas had been replaced with elbow operated taps. Monthly cleaning audits were in place and recorded. The infection control lead had requested that the practice support from external infection prevention and control audits for the oncoming year. They felt this would support ongoing improvements in quality and best practice. The practice was still considering this option at the time of our inspection.</li> </ul>	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: The practice had recently reviewed its process for receptionists to manage specimens. When specimens were not already in bags, small washable receivers were used to accept the specimen. Patient details could then be checked and staff would apply gloves to ensure specimen was appropriately labelled and bagged before storing safely for collection. The clinical waste room was clean and tidy with clinical waste tied appropriately whilst awaiting collection. Records of collection were kept in line with legal requirements.	

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
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.	Yes*
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes**
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes ***
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes****
<p>Explanation of any answers: *Guidance was available to reception staff and they reported any concerns to the duty GP for triaging.</p> <p>** The GP triage process reviewed the urgency and determined the course of action to be taken. GP's would request an emergency ambulance when required, make a home visit or arrange for the practice ANP (advanced nurse practitioner) to visit.</p> <p>*** The equipment was held centrally within the practice so that it was easily available when required.</p> <p>**** Aide memoirs regarding sepsis were available in all clinical areas. Staff were aware of the NICE guidance and had received relevant training.</p>	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes*
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Additional Evidence: *There was an up to date policy in place and this had recently been reviewed. The practice process was to scan all postal results onto the clinical system within 24 hours of receiving them.</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)	1.09	1.11	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)	9.6%	9.5%	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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes*
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes**
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes ***
<p>Explanation of any answers:</p> <p>*The practice did not routinely use paper prescription pads. On the rare occasion one was required, for example some home visits, they were recorded out by number and logged back in the same way by a senior member of the practice team. They were securely locked in a locked filing cabinet within a locked room. The practice mainly used electronic prescriptions and printers were checked at the end of every session and paper stored securely. Most home visits had any necessary prescriptions issued electronically once the GP or ANP (advanced nurse practitioner) returned to the surgery.</p> <p>** At our last inspection, November 2017, the practice did not have a suitable risk assessment in place to support the decision not to keep an emergency medicine as recommended. The practice leaders had acted on this and a comprehensive risk assessment was in place to support their decision not to stock three of the recommended medicines. The medicine that had previously not been stocked was now in stock as recommended.</p> <p>*** The cold chain was preserved appropriately when medicines required to be taken outside the practice for administration to patients. The practice used a dedicated insulated cooler box with an integral thermometer, this ensured staff could be sure that medicines stayed at a safe to administer temperature.</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	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	13
Number of events that required action	7

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

Event	Specific action taken
A GP registrar had sent the wrong patient details to a local hospital for an x-ray. The mistake was only realised when the patient received a DNA (did not attend) reminder from the hospital. The patient who had required the x-ray received the x-ray as required due to the hospital sending for them as part of shared care. No harm was caused to either patient.	The GP registrar had more than one screen open with more than one patients details which was a causative factor in the error being made. All staff were reminded to deal only with one patient at a time and not have multiple patient screens open.
A nurse had given a patient a	There were a number of contributory factors which included extra

pneumococcal vaccination instead of a b12 (vitamin complex b) injection. There was no harm to the patient and the correct injection given later in the day.	patients being fitted into nurses lists ad hoc. The process for adding additional patients to nurses' lists was reviewed and a clear process about where to add and how to alert nurses put into place.
Wrong dosage of asthma inhaler caused deterioration in asthma control	The root cause analysis was inadequate to identify the exact causative factors involved. However, the practice had arranged a meeting with pharmacy staff to ensure that the error could not recur.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place: Alerts received were shared with all clinical staff. E-mails out and responses were captured and any actions needed were identified and recorded. The practice management had oversight of all alerts and actions taken. All clinical staff had access to the spreadsheet of all alerts and could see which had required action. The daily briefing identified any alerts the practice had received that day.</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) <small>(NHSBSA)</small>	0.90	1.02	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) <small>(QOF)</small>	70.9%	78.8%	78.8%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 8.6% (67)	CCG Exception rate 13.6%	England Exception rate 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) <small>(QOF)</small>	79.7%	80.0%	77.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 9.5% (74)	CCG Exception rate 10.6%	England Exception rate 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)	80.3%	80.5%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.4% (159)	16.5%	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)	72.2%	75.2%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.1% (254)	14.1%	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)	93.0%	94.0%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (35)	16.8%	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)	78.8%	82.3%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (254)	5.2%	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)	85.3%	89.5%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (7)	4.6%	6.7%	

## 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)	109	115	94.8%	Met 90% minimum (no variation)
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)	101	110	91.8%	Met 90% minimum (no variation)
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)	101	110	91.8%	Met 90% minimum (no variation)
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)	100	110	90.9%	Met 90% minimum (no variation)

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)	76.9%	74.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.8%	70.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.0%	60.5%	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)	64.6%	72.9%	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)	55.2%	54.9%	51.6%	Comparable with other practices

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)	90.6%	93.9%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	37.6% (32)	30.0%	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)	91.4%	92.6%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.8% (27)	23.9%	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)	77.1%	78.0%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (8)	6.9%	6.6%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537 – 96%	97.8%	96%
Overall QOF exception reporting (all domains)	6.2%	6.1%	5.8%
Additional Evidence: All staff had access to QOF results, which were displayed in the training room. We saw performance was shared and discussed at meetings held. The practice had a designated member of staff to oversee QOF, this was supported by the GP partners who each had a lead area. Letters were sent to patients inviting them to attend to review their long-term conditions. The practice discussed the patient			

with the GP if they fail to attend for review before being exception reported.

Patients were invited to the clinics through a computer search and invitation letter sent out, patients who did not respond were reminded and then encouraged through a telephone contact to come to the review clinic.

For long-term conditions that did not require specific test before review; a one stop shop approach was taken. When blood tests were required to inform the review for example, diabetes and ischaemic heart disease; patients attended a pre-assessment appointment where their measurements and tests were taken. The results were used to populate the condition management plan which was then discussed with the patient at their review. Targets were mutually agreed with the patient and a partnership approach with the practice taken to promote patients' wellbeing. The practice Nurse discussed the plan during the review and agreed targets for the next year's review. If the patient needed a change in their medication they see the practice Pharmacist immediately after seeing the nurse for a medication review.

## 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)	93.5%	94.6%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (10)	0.5%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>Clinical staff spoken with demonstrated an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and could share examples of good practice. Written consent forms were completed for minor surgical and family planning procedures. Verbal consent was obtained for other procedures to include cervical screening and immunisations and recorded on the patients' electronic record. Clinical staff spoken with were aware of Gillick competences and Fraser guidelines when providing care and treatment to children.</p> <p>If GP registrars or ANPs (advanced nurse practitioners) involved patients in video training, patients were asked if they were happy with this procedure and signed a consent form.</p>

Any additional evidence
The practice also considered people's rights and specifically the right to change their mind and withdraw consent. They included how to support patients who wished to withdraw consent within their consent policy.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Interviews with patients.	All four patients spoken with during the inspection considered clinicians and non-clinical staff had positive attitudes.
CQC Comments Cards	All the comment cards completed were positive in relation to staff attitudes and qualities. Patients described staff as friendly, professional, attentive, caring and respectful.
Direct observation	During the inspection we carried out observations in the waiting area, near the reception area and where incoming telephone calls were taken. We saw people arriving at the reception and telephoning the practice were dealt with in a professional and friendly manner.
NHS Choices	Most patients reported they were treated with care and compassion. One comment related to reception staff needing to ask for information the patient did not wish to share with anyone other than the doctor. The practice was using receptionists appropriately to signpost people to the most appropriate appointments.
Care/Nursing Homes	The homes to which the practice provided a GP service to told us that the service they received from the practice was excellent. The homes could get visits when they needed them and had planned weekly visits from an advanced nurse practitioner every week.

## 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
14138	233	104	44.6%	0.74%

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)	91.1%	88.8%	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)	88.6%	87.6%	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)	99.2%	95.9%	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)	79.6%	81.6%	83.8%	Comparable with other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
The practice had not considered doing their own survey but were working towards a virtual PPG (patient participation group). They anticipated that once the group was in place they would be able to carry out surveys with the group. The practice had its own social media page and planned to further develop this.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with considered they were actively involved in making decisions about their care and treatment, as reflected in the results of the national GP survey. Patients told us that they were listened to, most said they were given the time needed to make decisions and received adequate information to make an informed choice about their care and treatment options.
CQC Comment cards	Patients commented they felt engaged and involved in decisions about their care and treatment.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that 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)	97.5%	95.5%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	There were 321 carers identified on the practice register which was just over two per cent of the practice list.
How the practice supports carers	The practice had recently invited a member of the carers association to talk to staff members during protected learning time. This was part of the practices ongoing commitment to review what support they could offer carers. At the time of inspection, they offered influenza vaccinations to carers. They had a dedicated carers noticeboard with signposting to useful services and support.
How the practice	There were links to bereavement support organisations on the practice

supports recently bereaved patients	website. The practice offered bereaved patients flexible appointments when required.
-------------------------------------	--

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice used a line system for patients to queue behind to protect auditory privacy for the person at the desk. We observed that receptionists spoke quietly and that auditory privacy was maintained.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with considered they were actively involved in making decisions about their care and treatment, as reflected in the results of the national GP survey. Patients told us that they were listened to, all said they were given the time needed to make decisions and received adequate information to make an informed choice about their care and treatment options
CQC Comment Cards	Patients commented they felt engaged and involved in decisions about their care and treatment.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:00am - 6:30pm
Tuesday	8:00am - 6:30pm
Wednesday	8:00am - 6:30pm
Thursday	8:00am - 6:30pm
Friday	8:00am - 6:30pm

Appointments available	
	<p>Appointments could be booked in person, on-line or by telephone. Routine appointments could be booked two weeks ahead by patients. A GP could override the system and book a follow up appointment for four weeks. Same day appointments were released daily at 10.00am.</p> <p>Patients contacting the practice who needed to be seen the same day were offered an appointment with a duty GP or an advanced nurse practitioner (ANP).</p> <p>Extended appointments were available for patients with complex conditions and vulnerable patients.</p> <p>Children were seen the same day. At the time of inspection both GP and ANP appointments were available the following day.</p>

Extended hours opening	
Mansion House Surgery was part of the Primary Care Extended Access GP First initiative. Pre-bookable and same day routine appointments booked through the patient's own GP surgery, provided across the group of participating practices.	6:30pm – 8:00pm Monday to Friday 9:00am to 1:00pm Saturdays 10:00am – 12:00 noon Sundays 10:00am – 12:00 noon Bank Holidays

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	Yes
If yes, describe how this was done	
Anyone who required a home visit was requested to telephone the surgery before 11:00am the same	

day. The nature and urgency of the request was triaged by a duty GP and the patient would be visited at home if medically needed.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14138	233	104	44.6%	0.74%

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)	97.8%	94.6%	94.8%	Comparable with other practices

#### 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)	38.2%	63.5%	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)	61.4%	61.6%	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)	59.1%	59.9%	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)	73.0%	70.9%	74.4%	Comparable with other practices

**Any additional evidence or comments:** The practice was aware of the low satisfaction rate with patients being able to get through to someone at their GP practice on the phone. They had reconfigured the workforce to have staff answer telephones away from the reception desk. Patients we spoke with also told us that they had difficulties in getting through by telephone and that on-line appointments went quickly.

Examples of feedback received from patients:

Source	Feedback
Interviews with patients	Patients we spoke with said it was difficult to get through to the practice by phone. Others commented they could get an appointment but not always with a clinician of their choice for continuity of care. Working aged patients told us this system was not always flexible enough to accommodate their work or childcare commitments as they could not always telephone at the times the practice released appointments.
CQC comment cards	Three of the nine CQC comments cards referred to the difficulties obtaining an appointment.
NHS Choices	Several reviews were in relation to the difficulty with getting through to the practice on the phone and obtaining an appointment.
Observation	We saw patients arrive at the practice to make an appointment and were offered a choice of day and time to attend their appointment. The practice clinical system showed the next available pre-bookable appointment with a named GP was 20 November 2018 and nurse appointments on 20 November 2018. Pre-bookable appointments could be booked two weeks in advance.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	15
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

#### Additional comments:

The practice recorded verbal, e mail and formal written complaints so that trends could be analysed. We found that five of the complaints were about telephone access to the practice. A couple were about staff attitude, several were about secondary care; the remainder were concerned about administrative errors.

There was an easily accessible complaints leaflet in the waiting area. In addition, the practice had comment and suggestion cards with a dedicated box within the waiting area.

The patient information leaflet included details of how to make a complaint and the escalation process should a patient not be satisfied with the response received from the practice. We saw information about comments, compliments and complaints was also detailed on the practice website.

The complaints we examined showed complaints had been managed in line with procedure.

Staff spoken with during the inspection were aware of the complaints procedure. The practice manager was the designated lead member of staff for dealing with complaints and was supported by the deputy.

#### Example of how quality has improved in response to complaints

The practice reviewed its procedures in response to complaints about administrative errors. The

practice was still reviewing the changes they had made in response to the telephone access and were considering what further changes could be made. However, in response to a patient concern that people would not wait for all the automated options to cancel an appointment, and that appointments were not being cancelled; the practice had made an adjustment to the automated numbering system. The option to make or cancel an appointment was now the first option not the last.

### **Any additional evidence**

The practice had commenced a “nudge project” to review how it displayed information. This meant that the poster explaining complaints was not with the complaints form as information was in the process of being reorganised. Once the information had been reorganised the complaints poster would be in the same place as the forms.

# Well-led

## Leadership capacity and capability

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

Leaders were aware of the strengths and areas for development and understood the challenges and were addressing them. For example, they had plans to enhance the medical and nursing teams in line with their business plan for development. Both the doctor and the nurse they planned to employ had been trainees at the practice. The practice planned to continue staff development and training to support the clinical teams effectively. The practice was moving away from a GP model of care to a mixed model which included advanced nurse practitioners and practice nurses.

Clinical leaders held a daily lunchtime briefing session with all clinical staff. At the time of the inspection no record was kept of this meeting. Within 48 hours of the inspection the practice confirmed with us that they had discussed and implemented using a communication book to note the topics and important messages from this meeting. Formal practice meetings were held monthly and minutes recorded.

### Any additional evidence

The nursing team had identified pressures within the system and had identified ways in which they could work smarter. For example, they had a dedicated time at the end of each session to deal with patient queries, instead of being interrupted multiple times. The practice had been very supportive of their concerns and facilitated the provision of dedicated query time.

## Vision and strategy

### Practice Vision and values

The practice had recently held Saturday away day development meetings with partners and staff to develop a clear vision. They had not yet completed this work but they planned to support the vision with a credible strategy to deliver high quality, sustainable care.

The practice had a mission statement to work in partnership with their patients, to understand their needs and deliver the highest standards of medical care to the community. The practice had supporting business plans to achieve priorities.

Staff were aware the vision and values were being developed and that they had a role in achieving them.

## Culture

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

Staff told us that the practice leaders promoted an open and inclusive environment to work. They also said they could raise concerns, were confident to challenge leaders and were encouraged to do so. The practice had an equality and diversity policy in place stating the practice was committed to eliminating discrimination, providing equal opportunities and encouraging diversity amongst their workforce.

The practice viewed themselves both, team and two sub teams, which were the clinical team and the support team. The practice management were part of the support team.

Staff we spoke with told us that support at the practice was good and always available.

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

Source	Feedback
Discussions with staff	Advanced nurse practitioners were supported by GPs through monthly reviews to ensure consistency in clinical decisions and prescriptions where required. The duty GP was also available for advice and support when required. A duty GP was always on site and available to support staff.
Observations	The staff at the practice worked as a team, we observed them consult with each other regarding a plan of treatment.

Any additional evidence
Many of the staff we spoke with had worked at the practice for a significant number of years. The practice had loyal and supportive staff who supported the practice expansion and new developments.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Staff had access to a suite of policies and procedures which were held electronically. The policies all had a document control sheet which recorded the date of last policy review and update. Some staff had a printed aide memoire for a specific task which was new to them available at their desk.
Daily Briefings and Formal Meetings	The partners held a daily briefing which all clinical staff attended. The practice had not been recording this but implemented a communication book immediately after inspection to capture key topics. Formal monthly practice meetings were recorded and minutes kept. Significant event meetings were held every two to three months to assure staff of the support available and to encourage reporting of all events. Nurses held fortnightly meetings and used a communication book to record topics discussed. All nursing staff added their initials and a check mark when they read the page, for example if the meeting was on a day off. The practice nurses held monthly meetings with the district nursing team.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes

Staff trained in preparation for major incident	Yes
---	-----

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Blinds	In the newer extension the window blind cords were securely fixed to the wall and could not loop. In the older part of the building the blind cords had been cut short and toggles attached. This prevented the cord from looping.
Fire	Six monthly fire drills were practised by the entire team during protected learning time every six months.
Infection Control	A comprehensive annual audit was carried out internally. The Infection prevention and control lead had recently joined the regional infection control group. The practice was at the time of inspection considering strengthening their infection control audit with an external infection control audit.

Any additional evidence
Staff were encouraged to raise any areas of concern relating to safety. Staff felt confident to be able to raise issues and had confidence that these would be addressed. Staff were aware of their roles and responsibilities and to whom they were accountable.

### Appropriate and accurate information

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

### Engagement with patients, the public, staff and external partners

#### Feedback from Patient Participation Group;

Feedback
The patient participation group (PPG) met quarterly. They spoke positively about the practice and the open and inclusive approach of the management team. The PPG told us that the practice had been trying to encourage people to phone after 10:00am for routine appointments and between 8:00am and 10:00am for urgent or same day appointments.

Any additional evidence
The practice provided a GP service to a variety of local care homes, learning disability supported living placements, religious orders and troubled children. Those we were able to speak with reported that the service they received was excellent. One care home commented that the nurse led weekly clinic was excellent. We were also told that when making these visits GPs and nurses respected meal times and tried to avoid visiting at this important time of day.

## Continuous improvement and innovation

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

Audit area	Improvement
MHRA alert for a medicine to control epilepsy	The practice had continuously updated this audited. Detailed risk assessments were in place for the remaining two patients on this medication; and within the alert criteria. Both patients had received appropriate onward secondary care referrals to consultants as required.
Asthma	<p>New Diagnosis Asthma in the practice following the updated Sign guidance came out. Practice developed a protocol diagnosis and treatment following an SEA (significant event).</p> <p>Finding of first audit: Seven new diagnosis, four of which were managed properly. Learning was shared which directed clinicians to ensure those presenting with mild-moderate symptoms were given a trial of a steroid inhaler and that those with low probability asthma because of other features were investigated/referred.</p> <p>The audit cycle was repeated six months later and of the six newly diagnosed patients in that period four of these were managed correctly.</p> <p>The practice found that by raising the awareness of how to diagnose and treat asthma they made a significant improvement to the management of newly diagnosed asthmatic patients.</p>

Any additional evidence
Nurses had not been included in clinical audit. However, nurses were involved in work flow audit to determine best use of nurses' time. There was nurse led infection prevention and control audits, including the comprehensive annual audit and the quarterly spot check audits. There was no formal practice forward audit plan, but the audits that were done were responsive to alerts or concerns within the practice. Audits that had not completed two cycles had a planned date for the repeat.

### 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 ≤ -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](#)).