

Care Quality Commission

Inspection Evidence Table

Stanmore House Surgery (1-552946958)

Inspection date: 19 November 2018

Date of data download: 30 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
Explanation of any 'No' answers: The practice had a clinical and non-clinical lead for safeguarding. One of the GP partners had written a DNA Policy Including safeguarding DNA for adults and children. The policy contained four comprehensive flowcharts for the following areas: Non-attendance of outpatient appointment Flowchart 1 outlined the actions that should be taken by staff when notification was received of a non-attendance at a healthcare setting outside of the surgery. Non-attendance for chronic condition review (including asthma in children) Flowchart 2 outlined the actions which should be taken by the surgery when a patient failed to come for review of their chronic condition despite being sent invitations from the practice.	

Non-attendance for childhood immunisations

Flowchart 3 outlined the actions which should be taken if a child failed to attend a pre-booked appointment for childhood immunisations.

DNA appointment in surgery (adults and children)

Flowchart 4 outlined the actions which should be taken when an adult/child did not attend an appointment at Stanmore House Surgery.

Within the policy the practice had details about what staff should do when patients came to appointments late. Their policy highlighted the following:

- Children will never be turned away from being seen by any member of staff if they arrive late for an appointment. This includes appointments for routine immunisations.

One of the GP partners reviewed the notes of all newly registered children to identify safeguarding issues and the records of their family members. The practice maintained a monthly spreadsheet. The practice provided several examples where reviewing the notes of new children and their family members highlighted safeguarding concerns such as domestic violence and children who had previously been neglected.

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
<p>Explanation of any answers:</p> <p>The practice had an area for improvement in the last inspection report. This has now been addressed by the practice.</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: 13/09/2018</p>	Yes
<p>There was a record of equipment calibration Date of last calibration: 5/9/2018 and fridge calibration as well</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks- annually replaced when coming out of date – 31 August 2018.</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes*
<p>Fire risk assessment Date of completion: June 2019</p>	Yes
<p>Actions were identified and completed.</p> <p>The fire risk assessment identified that the general use of electrical extension leads on the ground floor was excessive. It was recommended that where necessary additional hard-wired electric socket outlets should be fitted. We noted that this had been actioned.</p> <p>The fire risk assessment also highlighted the fact that the wall mounted gas fired boiler within the basement should have an annual maintenance service. We saw evidence that this was actioned and we were told that the annual service programme would continue.</p> <p>Display notices were now adjacent to the fire alarm call points to the main entrance door and on the third floor of the building after it was identified they needed to be located at these places.</p>	Yes
<p>Additional observations:</p> <p>All staff were trained to be fire marshals as some staff worked part-time and this meant that everyone knew what to do in the event of an emergency situation.</p> <p>We saw a gas safety certificate dated 21 June 2018.</p>	

Health and safety Premises/security risk assessment? Date of last assessment: 25 May 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 25 May 2018	Yes
Additional comments: We saw a Legionella risk assessment which had been carried out on 31 May 2018. Water sample testing was done and it was classed as low risk. The practice had carried out anxiety scores for members of staff to ensure staff well-being. Display screen equipment questionnaires were completed for all members of staff to ensure any adjustments could be made as required. Risk assessments for new and expectant mothers (members of staff) were carried out to ensure that they took more rest breaks and that they did not carry out home visits. The practice had a building security lock up procedure to ensure safety at the practice. For example, staff would check for any prescriptions in computers and if any were found these were locked away securely. They would check for any smart cards and if any were found these would be locked away.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: April 2018</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>There was an issue of limescale on the taps. The practice raised this with external cleaners and it was resolved.</p> <p>Everyone at the practice attended learning days for infection control annually to ensure that they kept up to date.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

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
Explanation of any answers:	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	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
Explanation of any answers:	
<p>The practice kept a spreadsheet of two week wait referrals to ensure this was followed through and to prevent any delays.</p> <p>The practice had a test result policy which ensured test results were followed up promptly. There was a buddy system in place and all the clinicians had a global view so that they could follow up on behalf of their colleagues.</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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.19	1.04	0.94	Comparable
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). (01/10/2017 to 30/09/2018) (NHSBSA)	6.0%	8.0%	8.7%	Comparable

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).	NA
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.	Yes
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.	Yes
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
Explanation of any answers: The practice had a system whereby high risk medicine monitoring was checked very closely. Most patients were having blood tests carried out on a three month basis but the results were reviewed every month. Every time a prescription was issued the practice noted that the results had been reviewed in the patient notes. If blood tests were over due then prescriptions were not issued and the receptionists contacted patients.	

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.	48*
Number of events that required action	Most

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

Event	Specific action taken
Discharge from Hospital	The practice shared an example of when they were disappointed with the care a patient received at secondary care. The patient was discharged from hospital late at night with insulin but no pen to administer the insulin with. The GP went out to visit the GP and wrote to the Patient Advice and Liaison Service at the local hospital and acted as an advocate for that particular patient.
Email error	An email had been sent to an incorrect person. Following this everyone double checked attendees of meetings before sending emails out.
Coding error	<p>Patient came in for their annual review and told the doctor they had a particular illness. The previous practice had free texted and it was not coded appropriately. An audit was carried out following this to review coding.</p> <p>Following the audit, the GPs highlight on the system what needs to be coded rather than asking administration staff to do this as was the previous system.</p>

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:</p> <p>There was a thorough process for looking at alerts. Alerts were listed on the computer system and the practice manager had devised a system to indicate who had looked at the alert. This was colour coded and the clinicians could make comments on the alerts if this was required. The system ensured that everyone had access to the alerts.</p>	

Alerts were discussed at practice meetings and we saw minutes of this at the inspection.

Any additional evidence

*The practice discussed significant events at fortnightly meetings as well as at the weekly partners meeting.

Significant events were categorised as minor, moderate and significant. The practice explained that the threshold for discussion was low and all staff were encouraged to report significant events. The practice had a no blame culture and promoted discussing events and incidents in open forums.

In the last year the practice had recorded 48 events seven of which were classes as significant events, 12 as minor incidents and 29 as moderate incidents. Following on from the incidents the practice had a policy whereby all clinicians would review the deaths of all their own patients and there was a wider discussion at partner meetings as appropriate.

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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.34	0.63	0.81	Variation (positive)

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	83.2%	83.6%	78.8%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (77)	10.9%	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)	71.9%	79.3%	77.7%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (76)	8.2%	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)	85.5%	82.4%	80.1%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.4% (92)	13.7%	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)	71.5%	75.9%	76.0%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (14)	2.1%	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)	92.5%	91.2%	89.7%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (8)	7.1%	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)	86.2%	86.5%	82.6%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (60)	3.4%	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)	98.8%	98.5%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.5% (45)	13.8%	6.7%	
Any additional evidence or comments				

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) (01/04/2017 to 31/03/2018)(NHS England)	96	99	97.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	110	114	96.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	110	114	96.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	110	114	96.5%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				

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)	77.7%	76.1%	72.1%	Comparable
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	82.3%	79.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.4%	62.0%	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)	74.3%	81.0%	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)	48.1%	51.6%	51.6%	Comparable
Any additional evidence or comments				

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)	91.5%	93.8%	89.5%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (4)	8.8%	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)	92.8%	94.5%	90.0%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (3)	6.8%	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)	91.5%	87.6%	83.0%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (5)	5.3%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	5.6%	4.5%	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)	97.7%	96.2%	95.1%	Comparable
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (13)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was taken in line with current guidance.

Caring

Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Friends and Family Test (extremely likely or likely to recommend the practice to Friends and Family)</p> <p>October – 96% (238 replies out of 249) September – 96% (158 replies out of 165) August – 96% (173 replies out of 180) July – 95% (167 replies out of 175) June – 94% (179 replies out of 190) May – 97% (177replies out of 183)</p> <p>The practice looked after patients in eight nursing homes including two homes where patients suffered from learning disabilities. We spoke with the care home managers before the inspection and they all spoke highly about the GPs and Advanced Nurse Practitioner at the practice.</p>

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
9268	237	103	43.5%	1.11%

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)	94.6%	91.8%	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)	93.5%	90.7%	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)	98.9%	97.7%	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)	99.3%	87.2%	83.8%	Significant Variation (positive)
Any additional evidence or comments				
The practice was always looking at ways of improving their patient survey scores. Although they were proud of their high survey results they wanted to use social media more to capture more patient feedback to improve further.				

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient Feedback	During the inspection the practice shared letters and emails they had received from patients which were all positive about the practice.

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)	92.6%	95.7%	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.	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	316 (3%)
How the practice supports carers	<p>The practice had a carers pack and actively worked with Worcestershire Association of Carers. The practice invited the carers association to the practice on four separate occasions to meet with patients in the reception area and discuss options available to carers. This helped people to register as carers at the practice.</p> <p>When the practice ran flu clinics they invited the carers association to attend so that they could advise people here as well.</p>
How the practice supports recently bereaved patients	The practice sent out cards to recently bereaved patients and visited as well depending on the situation. They assess this on a case by case basis.

Any additional evidence
<p>The practice was constantly striving to improve. The practice engaged an external organisation to review how well they were responding to the needs of patient with learning disabilities. There was some feedback to ensure the complaints and compliments leaflets were in easy read format and this was then actioned by the practice. In other areas the organisation felt the practice was doing well with all the information that was already available such as practice leaflets and review leaflets with pictorial information.</p>

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	We saw curtains in consulting rooms during our interviews with GPs and the nurse. Chaperone posters were displayed in consulting rooms and the waiting room.

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 administrative staff	Administrative staff informed us they would offer a private room to a patient if a patient was visibly upset in the reception area. They shared an example of when this happened.

Responsive

Responding to and meeting people's needs

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

Appointments available	
	Monday to Friday: 8am to 10am 12pm to 2pm 4pm to 6.30pm On Tuesdays appointments were also available 6.30pm to 8pm.
Extended hours opening	
	Tuesday until 8pm

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	
The practice had three slots per day in which home visits were carried out. This was done on a rota basis.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9268	237	103	43.5%	1.11%

Indicator	Practice	CCG average	England average	England comparison
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Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.8%	96.9%	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)	95.9%	76.0%	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)	91.9%	75.7%	68.6%	Variation (positive)
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)	93.3%	72.9%	65.9%	Significant Variation (positive)
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)	92.0%	81.3%	74.4%	Variation (positive)
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The practice had very positive feedback on NHS choices about the care received and the accessibility to appointments.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice had a comprehensive policy for dealing with complaints. They were discussed at the weekly partners meeting and fortnightly practice communication meeting.</p> <p>One of the GPs and the practice manager took the lead for handling complaints at the practice. The practice carried out a thorough analysis of complaints. The practice dealt with complaints in an empathetic way and apologised when they had done something wrong.</p> <p>The practice shared an example where there had been a mix up with appointment times with a patient being reviewed at the hub. This resulted in the patient turning up late to their appointment and feeling that reception staff were rude at the hub. The practice still followed up on this and discussed with the practice involved as they wanted to ensure this did not happen again.</p>	

Well-led

Leadership capacity and capability

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

There was regular communication at the practice which demonstrated clear leadership:

- Weekly Partners meeting
- Weekly nurses meeting
- Two weekly practice meetings

Vision and strategy

Practice Vision and values

The practice vision was to provide a safe environment for all patients and to learn from incidents. They strived to have a pro-active approach to helping patients.

Culture

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

The practice had an emphasis on learning and development. If opportunities arose for people to upskill themselves they were taken up. For example, one of the GPs was interested in doing a course on Women's Health. This was discussed at their appraisal and was being funded by the practice.

The GPs would often do teaching sessions for the nurses at the practice. They had done talks on Thyroid disease and Hypertension amongst others to highlight current NICE guidance. The talks helped to provide confidence to nursing staff dealing with weekly ward rounds in the care homes.

The Advanced Nurse Practitioner at the practice did some training sessions at one of the local care homes for day staff and night staff. The teaching session was about verification of death. The objective was to enable staff to confidently verify a death in house so that they did not have to call external agencies in and to make it kinder for bereaved families.

One of the GPs visited the local primary school to engage with the local community. The GP delivered sessions on Dermatology, Diabetes and healthy eating to raise awareness.

The practice was involved in fundraising to raise money for the local hospice. They did a charity run to support this event and to help raise funds.

The GPs and other members of the team would walk with the "Stanmore Strollers" on a weekly basis. This group helped to prevent isolation. There were two walking groups one fast group and one slow group to allow for all abilities. The practice shared examples where patients had returned to this country after a number of years and the Stanmore Strollers helped them to find friends in the community again. They shared an example where a patient had been a carer to their parent. When the parent went in a nursing home they had felt isolated, now they often run the walking group. The practice allowed patients

from other practices to register as Stanmore Strollers. There were 64 people registered with the group. They would go for refreshments to the local pub after their walk.

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

Source	Feedback
Conversations with non-clinical staff	During the inspection we spoke with four of the administrative staff who worked at the practice. They informed us that the practice manager and GPs were very supportive. They all enjoyed working at the practice and were proud to be there.
Feedback from Registrars at the practice	During the inspection we were shown cards and letters from GP Registrars at the practice thanking the GPs for their support during their time with the practice.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a wide range of policies available on the practice intranet.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
Staff were encouraged to develop. One of the receptionists trained to be a phlebotomist.
The practice provided help with online access. Therefore if patients were having problems with logging on to the computer system the practice helped them. They have run four workshops so far for anyone struggling with online access. They could come to the practice with their phone or whatever gadget they used. This has helped to improve online access and uptake has gone up from 26% to 31%.

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
Risk assessments	The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. These were regularly checked and updated as needed.
Interviews with staff	The induction process was thorough and staff had the opportunity to shadow colleagues. The practice had an induction policy which stated that non-clinical members of staff shadow for one week and clinical members of staff shadow for two weeks.
Staff files	Staff were offered an annual appraisal to assess learning needs and were given protected time to undertake training.

Any additional evidence
2018 – 2020 Business plan The practice explained that this was a living document which changed depending on audits and more efficient ways of working. There was a plan to secure land for the practice to have a purpose built building.

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
<p>We spoke with the chair of the PPG before the inspection. They felt the practice listened to their views and worked well with the PPG.</p> <p>One of the GPs and the practice manager always attended PPG meetings. Sometimes the GPs would do a talk on a particular topic at the PPG meetings. For example, they had done a talk on dementia which highlighted different symptoms and explained the different types of dementia to raise awareness. One of the slides highlighted what people could see with dementia and then what people did not see as well. In order to help people understand more about dementia the GPs put some case studies together to explain the situation.</p>

Continuous improvement and innovation

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

Audit area	Improvement
DOAC (anti-coagulant) Audit	<p>The practice had carried out a DOAC audit which investigated the parameters for prescribing, especially renal function. They were now in their third cycle and five patients had their dosage altered.</p> <p>The practice had 121 patients on DOAC. They had all been reviewed and the audit was due again in April 2019.</p> <p>The practice concluded that there was not a standard approach that could be adopted since frequency of monitoring is dependent upon individual patients.</p> <p>The GPs would continue to manually check each patient prescribed a DOAC and this will be achieved by running this search every 6 months.</p> <p>The practice pharmacist had passed the DOAC audit to other surgeries to share the good practice.</p>
Diabetes Audits	<p>The practice had carried out two audits in Diabetes.</p> <p>A diabetes GLP1 medicine (used for type two Diabetes) use audit was carried out to see if the practice were following recommendations for</p>

	<p>this medicine. If not the medicine was stopped. This audit had identified five patients currently prescribed a GLP-1 medicine.</p> <p>In four out of the five cases, it was appropriate to continue treatment, but one patient required a review to discuss their ongoing management with a view to stopping therapy and considering insulin initiation.</p> <p>The practice had strategies in place to ensure that patients who were newly commenced on GLP-1 agents were followed up six months post-initiation to measure weight and HBA1C change to ensure this was the correct medicine for them. This was because patients over a certain weight should not be on this medicine.</p> <p>The practice had also carried out a Diabetes coding audit with patients with HbA1c levels over a certain number. This was a 2 cycle audit to ensure all patients had the correct diagnosis.</p>
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Any additional evidence

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 practice's 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](#)).