

Care Quality Commission

Inspection Evidence Table

The Quarter Jack Surgery (1-554218206)

Inspection date: 6 December 2018

Date of data download: 13 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 (DBS) checks were undertaken where required	Yes
Explanation of any answers: <ul style="list-style-type: none">• Chaperones were usually clinical members of staff. When reception staff were used as chaperones they had received specific training. DBS check were not undertaken on these members of staff; however, a risk assessment had been completed to demonstrate why a DBS check had not been carried out.• All clinical staff had an enhanced DBS check.	

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

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 April 2017
There was a record of equipment calibration Date of last calibration:	Yes March 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 2017
Actions were identified and completed. No actions were identified for action.	No actions needed
Additional observations: <ul style="list-style-type: none"> The last fire drill had been carried out in September 2018, however the time taken to evacuate the premises had not been included in the report that was written. The fire alarm system was connected to the fire service. Weekly testing of fire alarms was carried out and recorded. Fire equipment in the practice was last inspected in December 2017, as part of a maintenance contract. No issues were identified. Fire alarms, intruder alarms and emergency lighting was last checked in November 	

2018, as part of a service contract, no issues were identified.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes Annual rolling programme
Health and safety risk assessment and actions Date of last assessment:	Yes Annual rolling programme
Additional comments: <ul style="list-style-type: none"> • A wheelchair risk assessment was carried out in December 2018, no issues were identified. • A car park risk assessment was carried out in May 2018, no issues were identified. 	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified: no issues identified Detail: <ul style="list-style-type: none"> • Legionella checks were in place with records of water temperatures • Colour coded bags and sharps bins were available and used in line with relevant guidance. • Separate containers were available for specimens to be deposited in, these were clearly marked and accessible to patients. • A hand hygiene audit was carried out in February 2018 on nursing staff, no issues were identified. 	Yes January 2018
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: <ul style="list-style-type: none"> • There was a locked shed with clinical waste bins in the car park. • Annual room inspections were carried out, no issues were identified. • The practice met regularly with the external cleaning company to monitor standards of cleanliness in the premises. There was a communication book to inform the cleaning company what areas needed attention to maintain standards. We noted that the practice was visibly clean and tidy. • GPs and nurses were encouraged to audit their own consulting rooms and ensure cleanliness standards were maintained. These checks also included availability of hand sanitising gel, examination couches and waste bins. 	

Risks to patients

Question	Y/N
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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: Reception manager has oversight of staffing systems and processes in place for managing holiday cover sickness etc	

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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.87	0.94	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)	8.4%	7.9%	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.	Partial
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> <ul style="list-style-type: none"> Printer paper stationery was logged when received and stored securely. When the prescription stationery was issues to consulting rooms for use in printers, this was not logged and the stationery was left in printers overnight. The practice provided us with a statement of intent to fit prescription locks to all printer trays after obtaining approval from the organisations which owned the computers. They amended the prescription security protocol at the time of inspection. Repeat prescribing protocol in place, includes info on under or over use of medicines, follow guidance, generic prescribing, who may add repeats, medicines review every year as a minimum, ensuring bloods, tests are done. Each nurse has their own PGDs, one set had been authorised four days before inspection, but others within one week of being received by the practice. Letter evidenced extension of expiry period of PGDs. In house pharmacy prescriber, does asthma reviews and some medicine reviews. Uncollected prescriptions are checked monthly, the patient was contact to determine whether the prescription was still needed. If a patient did not respond this was flagged to the relevant GP and/or destroyed securely. Clinicians meeting Tuesdays, if there were prescribing issues to discuss the pharmacist attended. All medicine fridges were checked daily and have data logger, which is checked monthly. If power cut or supply interruption these were checked sooner. There was a cold chain failure policy in place which involved contacting the vaccine manufacturer, appropriate action was taken when needed. Vaccines were rotated on a weekly basis and new stock was placed directly into a medicine fridge. 	

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.	8
Number of events that required action	8

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

Event	Specific action taken
A GP noticed new batch of test results	<ul style="list-style-type: none"> The patient was contacted and admitted to hospital.

<p>had been received at the end of the day, which they checked. A patient who had an acute condition had concerning results.</p>	<ul style="list-style-type: none"> • The practice investigated whether the result had been telephoned through to the practice but no-one aware of this. • Later a task was found which confirmed result had been phoned through, but not actioned. The practice put into place a blood test result proforma to use when taking a phoned result. • Refresher training was given to staff who took telephone calls.
<p>Two patients attended for their shingles vaccines. When this was put on their records it was noted that one of the patients had already received the vaccine.</p>	<ul style="list-style-type: none"> • An apology was given to the patient. • The practice nurse reflected on own their practice and would ensure they checked the patient record for vaccines previously given and not rely on the patient remembering. • This learning was shared with the all nurses at their regular Friday meeting.

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: Staff were able to access an alerting system and maintain a log of events relevant to practice on the practice's computer system, for example MHRA alerts and Department of Health and Social Care alerts. There were details of actions taken when needed, for example in relation to Epi-pen shortages for anaphylactic reactions. (A severe life threatening allergic reaction). However, we found that the practice did not consistently checked that actions needed had been completed. Minutes of meetings showed that significant events and alerts were discussed with relevant staff.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.77	0.81	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	85.2%	82.9%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (101)	19.9%	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)	86.8%	78.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (59)	13.5%	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)	80.2%	81.7%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (94)	18.2%	13.5%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	82.9%	76.0%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (16)	12.7%	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)	92.3%	91.2%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (12)	16.6%	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)	85.5%	82.8%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (54)	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)	90.1%	89.6%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (19)	7.6%	6.7%	
Any additional evidence or comments				
The practice had recall systems in place for diabetic patients and work was commencing on improving uptake of reviews, to reduce exception reporting.				

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)	123	126	97.6%	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)	105	109	96.3%	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)	103	109	94.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	105	109	96.3%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
The practice had a failed attendance system in place, which included liaison with health visitors when needed. Vaccines were offered during extended hours clinics.				

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)	79.7%	74.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	83.7%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	67.3%	62.5%	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)	79.0%	63.8%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	62.1%	51.2%	51.6%	Comparable with other practices
Any additional evidence or comments Cervical screening was available during extended hours clinics.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.6%	92.2%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0% (6)	16.7%	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	91.9%	90.8%	90.0%	Comparable with other practices

31/03/2018) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0% (6)	16.3%	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)	91.8%	84.8%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (8)	6.8%	6.6%	
<p>Any additional evidence or comments</p> <p>We found an anomaly in QOF exemption reporting for cardiovascular disease (2017/18). This showed that 92% of patients had been excepted from this indicator. We asked the practice to investigate this during the inspection. They found that during consultations for newly diagnosed hypertensives, clinicians had either not calculated a QRisk or have calculated a QRisk and added as free text but not saved this to the patient record. The percentage was due to an absence of accurate coding, rather than an actual exemption code. They were in the process of mandating QRisk entry on their templates to avoid replicating this issue.</p>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	4.6%	7.0%	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	95.3%	94.5%	95.1%	Comparable with other practices

months (01/04/2017 to 31/03/2018) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (22)	1.1%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Verbal consent was record on patient records and written consent forms were scanned into patients' records.

Any additional evidence

The practice had developed and implemented an in house minor surgery referral form, which covered a patient's medical history and triage of the patient's condition a section for patients to consent with risks of procedures detailed.

A minor surgery audit was carried out in October 2018. Results from this audit showed that between April and September 2018:

- 80 procedures had been carried out.
- Two wound infections occurred (national average 3-5%)
- Two wounds had partially broken down. Both wounds healed with further input from the GP practice,
- One test result showed an unexpected malignancy, this was due to be discussed as a significant event.

There were monthly multi-disciplinary meeting to discuss patients receiving palliative care. Care plans for patients at the end of their lives included details of their preferred place of death, along with information on support available and medicine needs.

The practice had a blood pressure machine in the reception area for patients to use. Ambulatory blood pressure equipment was available for 24-hour monitoring of blood pressure at home.

There was a blood pressure machine in reception for patients to use and the practice had an ECG machine to carry out heart tracings.

Core training deemed necessary by the practice included: basic life support; safeguarding; chaperoning, infection control and equality and diversity. The practice used an online system and accessed external training. Staff reported that they had access to appropriate training, the practice manager was in the process of re-populating the inline training matrix to ensure it was up to date and reflected training completed. Any external training had to be entered manually onto the matrix for each individual staff member.

Staff usually received an annual appraisal, however we noted that eight members of staff had yet to received one for 2018. Due to changes in the practice these had been planned for January 2019.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	30
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	All comment cards were positive about the care and treatment at the practice. Patients said they valued continuity of care and found staff to be professional.
NHS Choices	There were nine comments in total, one of which was negative about how a patient had been treated by a member of staff at the practice. All the other eight comments were positive about the care and treatment received. Comments included reference to continuity of care received at the practice.

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
14,175	231	119	51.5%	0.84%

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	95.7%	91.5%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	95.7%	90.7%	87.4%	Variation (positive)
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)	98.5%	96.9%	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)	97.8%	89.1%	83.8%	Variation (positive)

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

Date of exercise	Summary of results
Ongoing	The practice reviews its Family and Friends Test results; the GP national survey; and reviews on NHS Choices. When needed the patient representative group carry out short targeted surveys on areas such as the design and accessibility of the practice website.

Any additional evidence
The practice consistently scored higher than the CCG average on each question in the GP National survey.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Two patients we spoke with said they were involved in decision making and liked that they could see the same GP.
Comments cards	Patients said that they were 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)	99.3%	95.5%	93.5%	Variation (positive)

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	A total of 200 patients had been identified as carers. This represented 1.5% of the practice population
How the practice supports carers	An alert was placed on the practice's computer system if a patient was a carer. In addition, if the person being cared for was also registered at the practice an alert was placed on their record, detailing who their carer was. There was written information available for carers and an information board in the reception area. This gave details of local voluntary services and social clubs that carers could attend.
How the practice supports recently bereaved patients	The patient's usual GP would contact them to offer support and advice. In addition, there was a bereavement volunteer visitors group, who would visit the bereaved person for as long as needed to offer social support.

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	Seating in the reception area was far enough away from reception desk so conversations could not be heard.

at the reception desk	
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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
Comment cards	Patients considered their privacy and dignity was respected.

Responsive

Responding to and meeting people's needs

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

Appointments available	
	Telephone lines open from 8am and variety of appointments are available between the hours of 8.30am and 6.30pm, details were on the practice website.
Extended hours opening- Monday and Thursday evenings 6.30pm to 7.30pm, for pre-bookable appointments only.	
GPs were arranged in teams of two with a personal assistant supporting them. There were different contact numbers for the teams of GPs and patients knew how to contact their personal GPs for appointments. Types of appointments available included on the day, pre-booked and clinics for areas such as asthma and diabetes. The GPs also provided a service to a local community hospital and a boarding school.	

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	
There was a triage system in place and a clinician deemed whether a home visit was relevant or necessary. The home visits were carried out by an emergency care practitioner or GP dependant on patient need.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14,175	231	119	51.5%	0.84%

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)	98.3%	96.0%	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)	96.7%	83.9%	70.3%	Variation (positive)
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)	84.0%	78.3%	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)	83.7%	72.6%	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)	90.3%	80.9%	74.4%	Variation (positive)

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice had a rating of five stars on NHS Choices. There was a negative comment regarding concerns about a member of staff's attitude, the patient who posted this comment stated they would register elsewhere.

	All the other nine comments were positive: stating staff were empathetic and understanding; and appointments were accessible; there was enough time to discuss concerns; and comments on the practice working with other agencies to provide joined up care and support.
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	7
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
All complaints were treated as significant events and discussed at regular meetings. Learning outcomes with dates for actions to be taken were recorded and monitored. We noted all patients who made a complaint were offered the opportunity of a face to face meeting to talk through their concerns with a GP and the practice manager.	

Example of how quality has improved in response to complaints
A patient was concerned that an injection site was not cleaned prior to an immunisation being given. A practice nurse clarified at an immunisation updated that this was not required. Feedback was provided to the patient and learning shared in a nurses' meeting.

Any additional evidence
<p>Awareness of social prescribing, phlebotomist also has a role working alongside ECP to sign post to local service who can help, this also encompasses carers'</p> <p>A 'Coping at home carer's assessment was carried out for relevant patients.</p> <p>Referrals to social services and social prescribing were carried out.</p> <p>The practice had voluntary drivers who assisted patients to keep appointments at local hospitals and the practice. We met with one of the drivers, who told us on occasion they would also help patients to do shopping on the way home. A mileage allowance was paid by the practice to voluntary drivers.</p> <p>Telephone or face to face interpreters were organised when needed this included British Sign Language for deaf patients.</p>

Well-led

Leadership capacity and capability

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

There was a management structure in place, with clear lines of accountability and responsibilities for staff.

There was an identified GP who was in the process of registering as the manager, as required by CQC. Staff were trusted to be autonomous in their roles and GP partners also considered it was important that staff wellbeing was maintained, in order that staff were appropriately supported to carry out their work.

Any additional evidence

The practice had a range of meetings in place which included:

- Lunchtime nurses' meetings on Fridays for updates, education or clinical presentations.
- Multidisciplinary meetings.
- Annual whole practice meetings.

There was protected time for learning.

An appraisal system was in place.

Learning was shared from external study days.

Staff said they were personally responsible for completing training deemed necessary by the practice, but were reminded when training was due to be completed.

Each GP had one session a week allocated for administration tasks.

Significant events were recorded on a standard proforma, but these were not consistently revisited to ensure relevant actions had been taken and were effective.

Vision and strategy

Practice Vision and values

The practice were aware of changing needs of patients and the political climate. There were systems and processes in place for resilience and improvement. The practice focus was on patient need and educating patients to manage their health and wellbeing.

Culture

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

Staff described a culture of a supportive learning environment. GPs tried to employ new partners who could bring new skills to the practice, so they can learn and develop as well as maintaining their own areas of special interest.

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

Source	Feedback
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Staff	All staff said there was an 'open door' policy and all managers were approachable.
Reception staff	The airflow system in office, was refurbished, which provided a comfortable environment in which to work.
Nursing staff	They told us that they were able to talk with GPs about patients and were confident that any concerns they raised about patient care with GPs would be followed up. They considered the nursing team was good and were supported to do their job.

Any additional evidence
A meeting was held every year to plan holidays in accordance with the practice's minimum staffing levels for each team. All administration staff worked their 37.5 hours over a four-and-a-half-day week, which enabled them to have an afternoon off each week, there were set core hours in place to facilitate this.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a range of policies and procedures which were accessible on the shared drive of the computer system. These were regularly reviewed to ensure they were up to date and relevant.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
The practice did not have a documented practice audit plan in place. Audits carried out by the practice were in response to MHRA alerts and clinical commissioning group requirements.

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
Incident referral form received from the ambulance service regarding 999 not being called when a patient had	<ul style="list-style-type: none"> The person who found the patient did not realise they could call 999 to aid. The incident was investigated by the Deputy Practice Manager and letter written to the ambulance service. The patient's condition was not critical.

collapsed at home and help was sought from the GP practice which was near the patient's home.	<ul style="list-style-type: none"> All volunteers for the practice were reminded of the role of the ambulance service and how they can assist.
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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
Friends of the practice have face to face meetings with patient groups. Their meetings were held three monthly with deputy practice manager who produces a practice report about what is happening in the practice. The group also learn about complaints the practice has received and work with the practice in monitoring comments received on NHS Choices and patient surveys.

Continuous improvement and innovation

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

Audit area	Improvement
Epilepsy audit in response to MHRA alert re pregnant women.	Change to template on computer system to link to guidance and record advice given.

Any additional evidence
<p>GP partners were proud that one of the personal assistant to the GPs was an apprentice and was now completing a degree via the Open University, which they are helping to fund and provide paid study time for.</p> <p>A health care assistant started work at the practice as a member of the reception team.</p> <p>The practice was part of a federation pilot which focused on areas such as collaborative working for vulnerable, older patients, admission avoidance, social prescribing, patient education.</p> <p>A local scout group came in one evening to learn about GP practices and bandaging.</p>

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example

a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

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