

Care Quality Commission

Inspection Evidence Table

The Manor Clinic (1-515288113)

Inspection date: 29 January 2019

Date of data download: 23 January 2019

Overall rating: add overall rating here

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

Safe

Rating: Good

Safety systems and processes

The practice had/did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social	Yes

Safeguarding	Y/N/Partial
workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice had child and adult safeguarding policies. The practice also had Female Genital Mutilation and Radicalisation policies, which were held separately from the Child Safeguarding policy as these policies applied to both children and adults.</p> <p>Since our last inspection the senior management team had updated the policy with the safeguarding lead and the procedures for reporting concerns.</p> <p>If a GP or staff member had a concern regarding safeguarding about an adult or child they documented their concerns in the patient's medical record, this also included putting an alert on any siblings. There was also a protocol for safeguarding on the shared internal EMIS computer message.</p> <p>The practice had made two safeguarding referrals that were being investigated.</p> <p>We saw evidence staff were sensitive to needs of children and made special arrangements where appropriate to ensure their safety. For example, if the practice received a birth notification for a child that was not currently registered the practice, the scanning team would check daily to see if the child had been registered. If not registered within four weeks, the parents would be contacted to see if the child had been registered elsewhere. If the child had not been registered and the parents could not be reached, then a safeguarding form would be completed and sent to the safeguarding lead.</p> <p>Also, if a child did not attend for a six week check and vaccinations or there was no response to the invitation from the parents, a safeguarding form would be completed. The practice had an effective system for following up children and young people who had a high number of accident and emergency (A&E) attendances.</p>	

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 10/5/2018
There was a record of equipment calibration Date of last calibration:	Yes 23/2/2018
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 02/1/2018
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 12/12/2017
Health and safety risk assessment and actions Date of last assessment:	Yes 12/12/2017
<p>Additional comments:</p> <p>Records showed that the water temperatures were being tested on a monthly basis, as per the risk assessment undertaken in December 2017. A diary reminder had been set on the practice manager's calendar, with a reminder also being sent to the senior receptionist.</p> <p>We saw a report from a plumber in October 2018 to complete the rest of the issues raised in the assessment, such as removing the one dead leg pipe in the reception area, and the storage of cold water.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: April 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: In September 2018 the clinical nurse specialist for Infection Prevention and Control at South Kent Coast Clinical Commissioning group inspected the practice and offered help and assistance in areas that could be improved. A full Infection prevention and control audit had taken place and where actions were identified measures were in place to rectify the issues. For example, we saw that seven wipeable chairs had replaced the material non-wipeable ones in the consulting rooms and all the window blinds had been cleaned. Since our last inspection the nurse practitioner had attended infection prevention and control level 3 training in November 2018, and had taken over the role from the practice manager. We saw minutes of monthly meetings where infection control was discussed and noted that it was a standing agenda item for future meetings. We saw that all the clinicians completed a quarterly return on equipment cleaning.	

Risks to patients

There were adequate/ gaps in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm	Yes

and the location of emergency equipment.	
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw that signposting charts about how to recognise symptoms of sepsis were displayed in the reception area and in the telephone hub. All staff had received in house training on sepsis awareness, and had also received training in triaging, to include how to rapidly respond to unwell or deteriorating patients. All clinical rooms were equipped with blood pressure machines, thermometers and paediatric pulse oximeters. The surgery also has a defibrillator and oxygen available.</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
Any additional evidence	
Records showed that the practice made two-week referrals in timely way. The practice had a system to ensure that the process had been completed satisfactorily. For example, the practice checked that patient had received a referral, attended the appointment and was aware of the outcome.	

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).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.14	1.11	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	14.8%	9.4%	8.9%	Variation (negative)
<p>Additional comments:</p> <p>The practice was aware it was higher than local and national averages for some antibiotic prescribing and staff told us they were in the process of reviewing prescribing practices with individual clinicians who were deemed high prescribers.</p>				

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
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines.	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

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong/did not have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and 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:	Three
Number of events that required action:	Three

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

Event	Specific action taken
Patient received incorrect dose of medicine	This occurred because the prescription had not changed on the patient's records as was issued as per previous injections. A significant event audit was undertaken and shared on the internal EMIS computer message system and there was a monthly review of all patients prescribed this medicine to ensure that they were receiving their injection of blood tests. All patients had been received and where necessary all consultants written to. A team meeting of all doctors and nurses had been held to discuss the significant event.
Nursing consultations missing from patients records	A patient called the practice for the results of a smear test. There was no consultation on the day of the test being taken. Checking through the appointment screen, there was an appointment booked but no record of the patient having the test. All the nurses explained how they could be distracted/disturbed and diverted from what they were doing during a consultation before completing writing up the consultation. It appeared that when discussing the significant event with the nurses, their the internal EMIS computer system did not automatically launch the consultation screen where the notes could be added. The surgery was unaware that the nurses EMIS did not automatically launch the consultation screen. The system was then re-configured to open the consultation immediately the patient was confirmed attending for the test. Audits of random consultations continue to be run to check that consultations were being entered.

	The most recent audit of patients who had smears between November 2018 and 30 January 2019 showed that the standard was achieved for documenting notes.
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Explanation of any answers and additional evidence:

Records showed there were completed significant event reporting forms by staff and the information transferred onto a spreadsheet for significant events. The spreadsheet had columns for what changes had been made due to learning and duty of candour.

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). (01/07/2016 to 30/06/2017) (NHSBSA)	0.83	0.90	0.90	Comparable to 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 (01/04/2016 to 31/03/2017) (QOF)	77.2%	82.1%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (44)	11.5%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	78.6%	78.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (30)	9.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	78.0%	82.1%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	12.2%	(49)	13.3%	13.3%	
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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. (01/04/2016 to 31/03/2017) (QOF)	84.8%	74.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (11)	10.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.9%	89.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (3)	10.7%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.3%	83.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (27)	3.9%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	81.5%	84.7%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	19.8%	(20)	8.8%	8.2%

Any additional evidence or comments

The practice was below local and national averages for exception reporting overall. However, was high in some areas of practice. For example, atrial fibrillation. We raised this with the senior GPs who were unable to provide an explanation for the high exception reporting in this area.

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	84	92	91.3%	Met 90% Minimum (no variation)
The percentage 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)	94	100	94.0%	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)	94	100	94.0%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	94	100	94.0%	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 who were screened adequately 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)	73.0%	75.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last	72.2%	75.8%	70.3%	N/A

36 months (3 year coverage, %) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.9%	58.0%	54.5%	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)	69.6%	67.3%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	61.5%	55.2%	51.6%	Comparable to other practices
additional evidence or comments				
The practice had a system to contact non-attendees with letters and telephone calls.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.7%	88.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (1)	10.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.5%	89.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (2)	8.7%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	79.4%	83.1%	83.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	5.6% (4)	5.7%	6.8%

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	541	539
Overall QOF exception reporting	4.8%	5.6%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <small>(QOF)</small>	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	97.5%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 0.3% (5)	CCG Exception rate 0.7%	England Exception rate 0.8%	

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 (01/04/2016 to 31/03/2017) <small>(QOF)</small>	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	97.5%	94.9%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (5)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>The practice had completed audits for consent in minor surgery. The results showed 100% was achieved for obtaining written consent in the last audit undertaken in 2017.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	0
Number of CQC comments received which were positive about the service	0
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
Interviews with patients	We spoke with eight patients during the inspection, including four members of the patient participation group. They spoke positively about the care provided by staff at the practice. They told us they were treated with kindness respect and compassion.
NHS Choices	The practice had two and a half stars on NHS Choices. We reviewed the 10 comments left by patients since March 2018. We saw there was mixed feedback about the caring attitude of staff. The practice had responded to three of these comments. Full details are available at: https://www.nhs.uk/Services/GP/ReviewsAndRatings/DefaultView.aspx?id=38365

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,802	326	124	38.04%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	72.1%	79.0%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	82.5%	87.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you	93.3%	95.1%	95.5%	Comparable to other practices

saw or spoke to?" (01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	80.1%	83.4%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	93.8%	92.2%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	95.9%	91.8%	90.7%	Comparable to other practices

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

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The patients we spoke with during the inspection told us they had enough time with the doctors and nurses to discuss and be involved about decisions about their care. Patients told us they had found healthy living advice such as diet and weight control information from the nursing team effective and supportive.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	81.8%	85.0%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	77.5%	80.9%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or	92.6%	90.3%	89.9%	Comparable to other practices

spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	92.7%	87.0%	85.4%	Comparable to 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
Any additional evidence	
The practice website contained contact numbers for support groups and up to date information from the patient participation group (PPG).	

Carers	Narrative
Percentage and number of carers identified	110 patients were identified as carers; this represented approximately 1.5% of the practice list.
How the practice supports carers	The practice offered patients who were also carers an annual health check and influenza vaccine.
How the practice supports recently bereaved patients	The practice had reviewed their approach to supporting the families of recently bereaved patients. As a result, a comprehensive guidance document to support recently bereaved families had been implemented. Staff told us that if families had experienced bereavement, the GP contacted them.

Any additional evidence
Since our last inspection the practice had increased the percentage of number of carers by approximately 30%. The practice was also working hard to identify more carers through their website, practice newsletter and when registering new patients. The practice had also arranged training for staff to help identify and support young carers run by a local social action charity.

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	Conversations between receptionists and patients could be overheard in the reception area. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was a television playing in the background to buffer sound.

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
Patient interviews	Patients told us their privacy and dignity was respected.

Responsive

Responding to and meeting people's needs

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

Appointments available	
The practice was working with a local group of GPs known as Channel Health Alliance to offer patients appointments at the GP Hub located at Queen Victoria Hospital in Folkestone seven days a week from 8am to 8pm.	
Extended hours opening	
Every third Saturday in the month	08.30 -12.30
Any additional evidence	
The senior GPs told us they increased the occurrence of Saturday openings during times of high demand.	

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	
A doctor determined whether the visit was necessary and the urgency. The practice could allocate some home visits to the paramedic practitioner via The Channel Health Alliance group.	
The practice had recently recruited a nurse with skills in providing complex domiciliary care. We saw that one of the senior GPs and the nurse were undertaking regular joint visits to help ensure that multiple aspects of care, for patients unable to visit the surgery, were reviewed and delivered in one visit.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,802	326	124	38.04%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	75.9%	79.9%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	40.5%	68.7%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	65.3%	75.6%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	53.6%	73.6%	72.7%	Comparable to other practices

Any additional evidence or comments

The practice was aware that their patient satisfaction results were low in some areas and taken steps to address this. For example, recruiting more staff and making improvements to the telephone system.

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Problems getting access to services was a common concern raised by patients we spoke with during the day. This included getting through on the telephone and getting an appointment with the GP. We discussed this feedback with the practice management team who felt that the locum GPs recently recruited by the practice would help resolve these issues.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	23
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:	
<p>We saw that the practice had made changes as a result of concerns raised by complainants. For example, two complaints were received about the triaging system. These were investigated and the patients received an apology. Both complaints were discussed at a clinical meeting on the 16 February 2018. We saw that all complaints were discussed initially by the senior GP and practice manager. The practice manager gathered factual information, personal testimonies, written records and health care documentation etc. where ever necessary. Those involved in the complaint were invited to the monthly meeting. The complaint was analysed: what happened and why, how could things have been different, what could be learned and was change required, and if so, what needed to change. The results were written in the response letter and sent to the complainant and then the lessons learned reported with the complaint and the response was put on Shared EMIS for all staff to access.</p>	

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels / Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

Leadership capacity and capability

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

- The practice had supported the local healthcare economy by taking on over six hundred patients after the closure of another local practice. They had taken a proactive approach to supporting these patients and reviewed their needs and put in systems to support their practice move. For example, patients identified as vulnerable, on multiple medicines or with a long-term condition received a health check by the health care assistant and an appointment with a senior GP.
- The practice was one of the few remaining practices in the area with an open patient list meaning they were continuing to register patients moving in to the area.
- The practice was providing practical support for other struggling practices in the area. For example, providing clinical cover during times of absence.
- At the time of the inspection the practice told us they were exploring ways to encourage clinical staff to join the local health care economy by providing training schemes for GPs, nurses and healthcare assistants.

Vision and strategy

Practice Vision and values

- The practice had a vision to provide safe, accessible, holistic and evidence based medicine in a caring and friendly environment. They had a set of values to underpin their vision. For example, to be caring and responsive and to promote wellbeing.
- The practice was aware of the challenges in the local healthcare economy and were proactively working with other organisations including the clinical commissioning group (CCG) and private organisations to provide long-term solutions. In the interim they were providing short term support to other GPs in the area.

Culture

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

- Staff told us that they discussed their skills sets, learning needs and career aspirations with the management team to coproduce individual professional development plans. These included a reflection on the needs of the patient population group and learning and development for staff.

This meant that training was tailored to meet the needs of staff and reflect the needs of the patients.

- External learning was brought back to the practice and developed and shared within the practice and with other organisations. For example, care and nursing homes.

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

Source	Feedback
Staff interviews	Staff had completed training programmes to take lead roles in the practice both in clinical and administration roles.
Staff interviews	Staff we spoke with told us the leadership team was approachable and that they raise concerns through formal processes such as appraisals. However, the open-door culture at the practice meant they could also do this informally at any time during the year.

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 that were well implemented. For example, infection prevention control, safeguarding and significant event management.
Other examples	
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

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
The practice had a range of risk assessments.	The practice reviewed risks regularly, for example, legionella temperature testing, safeguarding for children and young people and infection prevention and control.

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>The patient participation group (PPG) reported that it was run in a democratic manner, where everybody attending was able to raise their thoughts. Ideas raised by the PPG were discussed and implemented where appropriate. The PPG felt involved in the practice. For example, staff at the practice had received extra training in response to requests from the PPG.</p> <p>The PPG communicated with patients through a quarterly newsletter that was available in the waiting room at the practice.</p>

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
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Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Prostate Cancer	On 11 July 2018 a significant event picked up that a patient was being given the wrong dose of medicine. The significant event audit recommended that the practice look at all patients that had a diagnosis of prostate cancer to check whether they had a clear follow up plan from the urologist. The audit opened a lot of issues that needed further investigations. The practice wrote to the urologist asking for a clear plan. They met with the Macmillan GP and nurse in November 2018. This audit was discussed on again on 4 th and 18 th January 2019. A meeting is to be held between the head of urology department and the clinical commissioning group (CCG) clinical lead on cancer for them to come up with a standard follow up plan for all prostate cancer is possible. The audit is to be repeated in August 2019.
Diabetes	The practice responded to concerns regarding their diabetes management by conducting an audit. Areas for improvement were identified. For example, consistency of blood testing to check patients sugar levels. The practice had planned to revisit the audit to check progress in March 2018 but had delayed this until September 2018.

	<p>This audit looked at all diabetic patients that had blood tests between 1 April and 30 December 2018. Conclusion was that the practice had achieved 100% in requesting bloods but still had about 10% who had not had their bloods done. A detailed look at these 44 patients was done in the first week of February 2019 and telephone appointments arranged to encourage the patients to have their bloods done. The audit is to be repeated in June 2019.</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 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 no statistical variation, 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 no statistical variation 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	No statistical variation	$-2 < Z < 2$
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.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **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.