

Care Quality Commission

Inspection Evidence Table

R J Mitchell Medical Centre (1-4171857237)

Inspection date: 23, 27 and 30 April 2018

Date of data download: 25 April 2018

Safe

Safety systems and processes

Source	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.	No
Policies were in place covering adult and child safeguarding. They 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
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	No
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	No
Reports and learning from safeguarding incidents were available to staff.	No
Disclosure and Barring Service (DBS) checks were undertaken where required	No
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	
<ul style="list-style-type: none">• The lead GP for safeguarding was unable to demonstrate to us where the practice's safeguarding policies were located.• We saw there were two systems for staff to access policies and that the safeguarding policy for children was different in the two locations. For example, one policy contained contact numbers for external safeguarding support and the other did not. Many of the staff we spoke with were not aware who the lead for safeguarding was.• There was no list of vulnerable adults registered with the practice.• There was no system in place to identify vulnerable adults in their patient records.• We identified two vulnerable adults from practice meeting minutes but there was no record in their notes that they were vulnerable or that any action had been taken to protect them from the risk of abuse. A member of staff told us of a vulnerable adult they had supported but when we checked the patient's record they had not been identified as vulnerable.• Key professionals did not always attend meetings to discuss children at risk. We reviewed the	

Health Visitor meeting minutes and saw that no Health Visitors had attended the meetings held on 14 and 23 March 2018 and no clinicians had attended the meeting held on 25 April 2018.

- We found examples in the minutes which stated a child was coded as a 'child in need' within the practice's computer system but when we checked their records they were not.
- Children at potential risk were not identified on their patient records.
- We were shown a list of the patients registered with the practice who had a child protection plan in place, were a child in need or were looked after children. We saw there were 43 names on the list but three of them were adults.
- There was no system in place to follow up children that attended A&E or minor injury units. We saw that a child at risk had attended a minor injury unit with a head injury. We reviewed their medical records and saw there was no recorded evidence in their notes that any action had been taken by the practice to follow up and review the child.
- A DBS check had not been completed for the salaried GP before they started to work at the practice. However, a DBS check had been applied for following the first part of our inspection on 23 April 2018 and a risk assessment completed.

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	No
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	No
Staff vaccination was maintained in line with current 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.	No
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers: <ul style="list-style-type: none"> • There was no photographic evidence of identity in four of the staff records we reviewed. • There was no system in place to check professional registrations were in date. At our previous inspection in February 2018 we identified that the professional registration of a locum GP had been due for renewal on 2 February 2018. At this inspection we found that the practice had not checked this had been renewed. 	

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 05.02.2018
There was a record of equipment calibration Date of last calibration:	Yes 16.01.2018
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 April 2018
Actions were identified and completed.	Yes
Additional observations: The fire risk assessment was reviewed annually and when changes to the building had been made.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 24.03.2018
Health and safety risk assessment and actions Date of last assessment:	Yes 24.03.2018
Additional comments: Health and Safety support was provided by an external company.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:	Yes December 2017
The provider acted on any issues identified	Yes
Detail: Where issues were identified an action plan was developed and implemented. For example, removal of lime scale around taps, replacement of a chair with a torn arm and a rusty lock had been replaced. The practices had achieved an infection control compliance of 90%.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
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 NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers:	
<ul style="list-style-type: none"> Staff had received training in basic life support. Following our previous inspection, training had been booked to provide non-clinical staff with support in recognition of the deteriorating patient. 	

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.	No
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	No
Referral letters contained specific information to allow appropriate and timely referrals.	No
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.	No
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> • The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff. For example, care plans were not in place for patients receiving palliative care, patients experiencing poor mental health and those patients with a learning disability. • Eighteen out of 32 patients with mental health problems were coded as having a care plan in place but when we checked the records of three of these patients there were no care plans. • Key professionals did not always attend meetings to discuss children at risk. Patients on the palliative care list had not been discussed at palliative care meetings. The practice told us they held six weekly meetings with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to discuss and manage the care and treatment of patients with additional needs. However, when we reviewed the minutes from these meetings we saw patients had not been reviewed since January 2018. • Hospital referrals for patients had been completed by administrative staff who extracted information from the GPs' consultation notes. We reviewed eight of these letters and saw they contained inadequate medical histories and examination findings and were not signed or checked by a GP before being sent. 	

Safe and appropriate 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)(NHSBSA)	0.9	1.07	0.99	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	8.7%	8.9%	8.9%	Comparison not available

Medicine 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.	No
Staff had the appropriate authorisations in place to administer medicines (including PGDs or PSDs).	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.	No
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	No
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	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 The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes 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 'No' answers:</p> <ul style="list-style-type: none"> We carried out a search of medication reviews and who they were carried out by. We found that 320 had been recorded as completed by a GP but 1486 completed by administrative staff or a non-prescribing nurse. We looked at six uncollected prescriptions from November and December 2017. These included anticonvulsant medicines and antidepressants. We reviewed the records of these patients and found there was nothing written in five of the records to provide reassurance that checks had been made to ensure patients had the medicines they required or that changes in their medicines had 	

been made.

- On 23 April 2018 we found multiple patients prescribed high risk medicines that were at potential risk because reviews and bloods investigations had not been carried out in line with recognised guidance. For example, we reviewed six patients on disease modifying antirheumatic medication (DMARD) used for the treatment of rheumatological and other inflammatory conditions and found that three of these patients had no record in their notes that their bloods had been completed. We saw in the hospital computer system that bloods had been taken for the other three patients but there was no evidence in their records that the results had been checked before a repeat prescription was issued. We found one patient on a different DMARD medicine with had no bloods recorded. Two patients on a high risk medicine used for the treatment of bipolar disorder had not had bloods checked within the required three months. When we returned to complete the inspection on 30 April 2018 we found that the practice had followed up most of the patients we had identified from our searches. However, the practice had recorded the date they had checked the blood results, and not the date the bloods were actually taken, in the patients' records meaning a clear audit trail was not in place.
- Lessons learnt from significant events regarding the prescribing of controlled medicines had not been implemented. Controlled medicines were prescribed without specific directions, they continue to be issued as repeats and patients were not required to sign to demonstrate when a prescription for a controlled medicine had been collected.

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	No
Number of events recorded in last 12 months.	10
Number of events that required action	9

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

Event	Specific action taken
A patient requested a repeat prescription for a controlled medicine the same day they had already been issued a prescription for this medicine. The second request was printed by reception staff and signed.	Analysis of this significant event stated controlled medicines must only be issued as acute prescriptions. However, we found that the practice had not followed their own guidance. We found 11 patients on repeat prescriptions for controlled medicines.
A prescription was returned by a pharmacy to the practice because a controlled medicine was prescribed without definite directions.	Analysis of this significant event stated that controlled medicines were not to be prescribed on an 'as required' basis but with definite directions. However, the practice had not followed their own guidance. We found a prescription awaiting

	collection for a patient that had been prescribed a controlled medicine on an 'as required' basis. We found they had collected prescriptions too frequently which equated to them receiving twice as much medication than had been prescribed.
A patient death at the practice.	Analysis of this significant event lacked reflection and learning. For example, there was no reflection on how the patients' dignity could have been maintained.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	No
<p>Comments on systems in place:</p> <p>At our previous inspection in February 2018 we found that a clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was not in place. When we returned on 23 April we found that the practice had started to implement a system but had only reviewed MHRA alerts issued after our previous inspection. We found multiple examples of patients at risk as MHRA guidance prior to February 2018 had not been followed.</p>	

Any additional evidence
<p>We followed up a MHRA alert in relation to a medicine used for the treatment of:</p> <ul style="list-style-type: none"> • Chronic diarrhoea and found five patients on this medicine that should have been reviewed, two patients were on high doses of this medicine. • Congestive heart failure and found one patient had not had blood checks since January 2013. • High blood pressure. We looked at 20 patients on this medicine and found that 25% of these patients had not had the required blood tests completed in the last year. One patient had not had blood checks since 2012. • Leg cramps and identified three patients who should have been reviewed. These included a patient who had been receiving HRT since 1996, with obvious risk factors, but there was no evidence of any recent reviews. • Severe chronic pain and found one patient had been prescribed a high dose of this medicine despite having COPD, asthma and home oxygen therapy. <p>When we returned on 30 April 2018 we found that the practice had only considered the MHRA alerts we had highlighted on 23 April. They had not considered any others. For example, we identified 13 patients on a medicine used for the treatment of an enlarged prostate. We reviewed the records of three patients and found there was no documented evidence that the risks associated with the medicine had been discussed with the patients as required in MHRA guidance.</p>

Effective

Effective needs assessment, care and treatment.

Data for the current provider was not available at the time of our inspection. This data relates to the previous provider.

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)	0.61	0.95	0.90	Comparison not available

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)	80%	79.9%	79%	Comparison not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (22)	10.0%	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)	93%	79.8%	78%	Comparison not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (19)	8.7%	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)	87%	81.2%	80%	Comparison not available

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (31)	14.0%	13.3%	

Other long term conditions

Indicator	Practice	CCG average	England average	England comparison
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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) <small>(QOF)</small>	82%	77.4%	89%	Comparison not available
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QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (6)	8.9%	7.7%	

Indicator	Practice	CCG average	England average	England comparison
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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) <small>(QOF)</small>	94%	92.0%	90%	Comparison not available
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QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (5)	11.1%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
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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) <small>(QOF)</small>	87%	84.1%	83%	Comparison not available
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QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (12)	3.9%	4.0%	

Indicator	Practice	CCG average	England average	England comparison
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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) <small>(QOF)</small>	90%	86.9%	88%	Comparison not available
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QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	7.9%	(5)	7.1%	8.2%

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)	49	51	96.1%	Met 95% WHO based target Significant Variation (positive)
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)	56	57	98.2%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	56	57	98.2%	Met 95% WHO based target Significant Variation (positive)
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)	55	57	96.5%	Met 95% WHO based target Significant Variation (positive)

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)	73.2%	74.8%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.6%	76.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	51.8%	61.1%	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)	20.0%	70.4%	71.2%	N/A

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)	91%	90.8%	90%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (1)	12.7%	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)	96%	91.9%	91%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (1)	9.4%	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)	93%	85.3%	84%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (3)	8.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	543	542	539
Overall QOF exception reporting	5.4%	5.6%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	No
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses.	Yes
<p>Any further comments or notable training:</p> <p>All appropriate staff had received an appraisal in the previous 12 months except for the practice manager and assistant practice manager.</p>	

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) (QOF)	No

Helping patients to live healthier lives.

Data for the current provider was not available at the time of our inspection. This data relates to the previous provider.

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) (QOF)	95.9%	96.2%	95.2%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (3)	0.9%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
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)	52.2%	58.5%	51%	Comparison not available

Description of how the practice monitors that consent is sought appropriately

Clinical staff were aware of Gillick competences when dealing with consent for children and considered the mental capacity of patients who may lack capacity. Consent forms were completed for patients receiving minor surgery and insertion of intrauterine contraceptive devices.

Any additional evidence

The practice shared unverified end of year QOF data for 2017/18 with us. It showed the practice had achieved an overall QOF score of 509 out of a maximum of 545.

The practice had carried out an audit of older patients with an irregular heart rhythm to monitor they were receiving the appropriate treatment. However, a second audit cycle had not been completed to demonstrate if the changes made had improved outcomes for patients.

Caring

Kindness, respect and compassion

Examples of feedback received:

Source	Feedback
Patient interviews and Family and Friends test.	<p>We spoke with seven patients on the day of our inspection. They told us they were treated with kindness and respect and that their dignity and privacy was always maintained.</p> <p>The practice used the Family and Friends test to provide patients with the opportunity to provide feedback on their experiences. Results showed that over a three month period, January 2018 – March 2018, 369 out of 408 patients (90%) were likely or extremely likely to recommend the practice to their friends and family.</p>

National GP Survey results:

Data for the current provider was not available at the time of our inspection. This data relates to the previous provider.

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,458	297	6.7%	116	39.06%

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) (GP Patient Survey)	71%	79%	77%	Comparison not available
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) (GPPS)	82%	90.5%	89%	Comparison not available
The percentage of respondents to the GP patient survey who answered positively to question 22	86%	95.7%	95%	Comparison not available

"Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)				
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) (GPPS)	81%	86.7%	86%	Comparison not available
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) (GPPS)	96%	92.3%	91%	Comparison not available
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) (GPPS)	93%	91.5%	91%	Comparison not available

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Not yet

Date of exercise	Summary of results
	The practice told us that the patient participation group were planning to carry out a patient satisfaction survey but they had delayed this due to two new practice nurses joining the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with seven patients during our inspection who told us they felt involved in decisions about their care and treatment. However, two patients told us they sometimes felt rushed during their consultation but this was dependant on which GP they saw.

National GP Survey results

Data for the current provider was not available at the time of our inspection. This data relates to the previous provider.

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) (GPPS)	79%	87.5%	86%	Comparison not available
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) (GPPS)	76%	83.4%	82%	Comparison not available
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 explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	95%	89.9%	90%	Comparison not available
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) (GPPS)	88%	86.5%	85%	Comparison not available

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.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	There were 86 patients registered as carers with the practice which was equivalent to approximately 1.9% of the practice population.
How the practice supports carers	Carers were sign posted to the Carers Hub or North Staffs Carers Association for support. The practice offered annual flu immunisations for carers. The practice were forging links with a local church and library to support patients in need of additional social support.
How the practice supports recently bereaved patients	The practice told us that the GP called patients they were aware of who had been recently bereaved and signposted them to The Dove Centre, a local bereavement counselling service.

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	<p>At the main practice, there was a notice at the reception desk asking patients to step away from the reception desk and informing them there was a room available to discuss issues in private.</p> <p>At the branch practice, the reception desk was located in a separate room from the waiting area.</p>

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

Source	Feedback
Patient interviews	Patients told us they were treated with dignity and respect. They told us that consultation doors were always closed during consultations to ensure conversations could not be overheard.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-13:00
Monday	13:00-18:30
Tuesday	08:00-13:00
Tuesday	13:00-18:30
Wednesday	08:00-13:00
Wednesday	13:00-18:30
Thursday	08:00-13:00
Friday	08:00-13:00
Friday	13:00-18:30
Appointments available:	8.30am to 11.30am and 3.30pm to 6pm except for Thursday afternoon when the practice is closed.
Extended hours opening	Not available

Home visits	
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	
Reception staff followed templates to identify patients in urgent need of treatment, such as patients with chest pain. Receptionists recorded the details of patients and care homes requesting a home visit and these were triaged by a GP.	

Timely access to the service

National GP Survey results – **Data for this provider was not available at the time of our inspection. This data relates to the previous provider.**

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)	79%	81.7%	76%	Comparison not available
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)	60%	68.6%	71%	Comparison not available
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)	84%	76.0%	84%	Comparison not available
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)	77%	74.1%	73%	Comparison not available

Examples of feedback received from patients:

Source	Feedback
Interviews with patients	We spoke with seven patients during our inspection. They told us appointments were readily available but getting through on the telephone could be difficult.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Responses to verbal complaints were not documented.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice had a vision to offer the highest standard of health care and advice to patients with the resources available to them.

Culture

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

Source	Feedback
Interviews with staff	Staff told us they felt able to raise any concerns or issues with the management team and that management were approachable and supportive. They told us following a recent significant event moral had been low but things were starting to improve now.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Interviews with staff	A request to review the appointment times of some practice nurse consultations have been increased from 10 to 15 minutes to allow more time for assessment and health promotion.
Interviews with staff	Patients identified as having high cholesterol levels see the practice nurse for health style and dietary advice as well as the GP for medication reviews.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Clinical Commissioning Group and significant event.	A cold chain breach for the storage of vaccines had occurred at the practice. The practice had worked in partnership with Public Health England to identify any patients potentially affected by the breach and recalled them for additional immunisations.

The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes
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Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff training matrix	The practice made safety training for staff part of its mandatory training, both on induction and ongoing. For example, fire safety training, infection prevention and control and manual handling procedures.
Staff records	Following our previous inspection staff had received assessment of their immunity to healthcare acquired infections and risk assessments had been completed in the absence of immunity to hepatitis B.
Interviews with staff	A member of the administrative team had been identified as the lead for health and safety within the practice. They worked in partnership with an external company to ensure health and safety standards within the building were met.

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff training matrix	Staff had received training in equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical audits	Single cycle clinical audits had been carried out at the practice but there was no evidence that the action taken to change practice had improved quality.

Examples of service developments implemented in past 2 years

Development area	Impact
Succession planning for the retirement of the practice manager	Prior to the practice manager retiring, succession planning had been put in place to ensure the new practice manager received training and support to carry out the role.

Managing risks, issues and performance

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
An action plan had been put in place to address risks identified at our previous inspection.	<ul style="list-style-type: none"> Risk assessments for legionella, staff immunity for health care acquired infections and a limited supply of emergency medicines taken on GP home visits had been completed. A review of emergency medicines held at the practice had been completed. <p>However other risks identified had not been mitigated. For example, the safe management of medicines and safe recruitment of staff.</p>

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	No

The practice had not submitted a notification to the CQC following the death of a service user receiving regulated activities.

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Meetings with the patient participation group (PPG).	Ongoing assessment of services and discussion of any suggested improvements.
Public	Forging links with the local library and church	Recognising that the issues that determine health are social as well as medical.
Staff	Staff meetings. Staff appraisal.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.

Feedback from Patient Participation Group;

Feedback

The PPG told us it could be challenging to get the practice to take on board new ideas and they did not always feel listened to. We saw that the PPG had compiled a list of nine areas of concern/request for clarity that they had forwarded to the practice. We saw that some issues had been responded to and addressed. For example, wi-fi had been installed in the reception area and patients had been given access to personal medical records online. However, requests to move forward with changes in

technology such as the use a text messaging service to remind patients of appointment times was not in place.

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
To ensure that older patients with an irregular rhythm are receiving appropriate medication.	A single cycle clinical audit carried out in 2016 but there was no evidence that the action taken to change practice had improved quality.

Any additional evidence

Patient identifiable information was not stored in line with data security standards. We found that patient paper records were not stored in locked cupboards. We also found a staff member's smart card used to access the practice's computer system and a three page list of patients over 75 years old, containing patient identifiable information, in an unlocked room.

The practice had not submitted a notification to the CQC following the unexpected death of a patient that received basic life support at the practice.

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

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>