

# Care Quality Commission

## Inspection Evidence Table

### Marple Medical Practice (1-568423849)

Inspection date: 10 April 2018

Date of data download: 09 April 2018

## Safe

### Safety systems and processes

Source	
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. 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.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	No
Explanation of any 'No' answers:	
<ul style="list-style-type: none"><li>Some non-clinical staff who acted as chaperones had not received a DBS check, however a risk assessment was in place to ensure that these members of staff were trained to perform the role and were never left alone with patients. All staff recruited after January 2016 received a DBS check.</li></ul>	

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
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.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers: <ul style="list-style-type: none"> <li>Some pieces of required information in some of the four staff files we checked was not present for example medical declarations.</li> </ul>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person	Yes
Date of last inspection/Test:	February 2017
There was a record of equipment calibration	Yes
Date of last calibration:	August 2017
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	Yes
Date of completion	September 2017
Actions were identified and completed. <ul style="list-style-type: none"> <li>A fire risk assessment had been completed in September 2017, it was unclear from the document whether actions identified had been completed. We spoke to the</li> </ul>	No

practice manager regarding this and we were later sent a document evidencing that risks identified had all been addressed.	
<p>Additional observations:</p> <ul style="list-style-type: none"> <li>Two pieces of equipment in a consulting room had passed their manufacturer's recommended use date (A speculum and a needle) and one of the sphygmomanometers (a device for checking blood pressure) we checked had not been calibrated within recommended time limits. We were told by the practice manager that this room had only recently started being used again and that they would ensure a review of equipment was conducted to ensure all was suitable for use.</li> <li>Fire evacuations had been conducted twice since 2011, the latest having been conducted in June 2017. The assistant practice manager told us that more practice drills would be completed and a fire safety policy would be completed to outline how the practice addressed all issues relating to fire safety.</li> </ul>	Yes
<p><b>Health and safety</b></p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p>	No
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment:</p>	Yes September 2017
<p>Additional comments:</p> <ul style="list-style-type: none"> <li>There was a comprehensive health and safety risk assessment completed last on 2 September 2017. It identified a number of risk areas, mitigated against those risks identified who would complete any identified actions and by when.</li> </ul>	

<p><b>Infection control</b></p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <ul style="list-style-type: none"> <li>A comprehensive infection control audit was completed in July 2017, 13 actions had been identified and all but one had been completed to date. The outstanding action related to a hand hygiene audit which was planned in the near future. Other completed actions included formal identification of an infection control lead and re-painting a treatment room with washable paint.</li> </ul>	<p>Yes</p> <p>July 2017</p> <p>Yes</p>
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The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

#### Any additional evidence

- The practice had system of double checking two week referrals and did not rely solely on the patient safety netting themselves.
- We looked at receipts from a registered clinical waste disposal company which evidence regular collections and disposal of such waste.

#### Risks to patients

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.	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 NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

#### Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
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.	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

## 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)	0.85	1.04	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)	5.7%	5.5%	8.9%	Comparable to other practices

Medicine Management	
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 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.	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 CD 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.	NA
Up to date local prescribing guidelines were in use. 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 GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site 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

## Track record on safety and lessons learned and improvements made

Significant events	
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.	11
Number of events that required action	10

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

Event	Specific action taken
Urgent blood test for raised Potassium required from district nurse - no request slip put with the sample and laboratory did not process.	Change in internal processes to prevent any re-occurrence.
Oncology letter for patient scanned into patient record incorrectly.	Alerts added to patients with similar names to prevent re-occurrence.
Letters inviting patients for review sent to the correct addresses with the incorrect patients name on.	Internal processes reviewed and changed for bulk production of letters with manual checking added from second person to identify any errors.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>An alerts "Tracker" was held by the practice on a spreadsheet detailing all safety alerts received. This could be accessed by all staff and clearly displayed the alert, from where it had originated, who was dealing with it, any resulting investigation and action. This tracker was clear and easy to analyse. We saw that audits of safety alerts had been completed, most recently for patients with diabetes prescribed SGLT2 inhibitors (a class of prescription medicines that are approved for use with diet and exercise to lower blood sugar in adults with type 2 diabetes).</p>	

Any additional evidence
There was a documented appointment booking protocol which was followed by reception staff. This had been introduced in 2016 in response to patient feedback. This document provided clear guidance to

staff on what symptoms or signs they should ask about when considering appropriate appointments or advice. We listed to receptionist using the protocol during the inspection and we heard how effective it was in providing appointments and home visits in response to patient needs. The protocol included same day appointments for children under 16 and referral to dentists as appropriate for dental conditions.

We noted that the practice manager publicised their direct line telephone as a means of patients accessing support and advice if they felt unable to gain resolution of their issue with receptionists at the practice. The practice manager told us that the line was not over used by patients because reception staff were usually able to resolve most issues.

There was no clear annual review of significant events, we discussed this with the practice manager and they agreed that there could be value in completing an annual review.

## 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)	0.22	1.02	0.90	Significant Variation (positive)

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)	84.2%	81.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (34)	9.7%	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	86.5%	82.4%	78.1%	Comparable to other practices

mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (8)	6.8%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	82.3%	83.1%	80.1%	Comparable to other practices
QOF Exceptions				
	8.0% (28)	12.3%	13.3%	

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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	82.3%	77.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (6)	2.8%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	94.3%	90.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (9)	6.3%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	92.4%	85.1%	83.4%	Variation (positive)



QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (16)	2.6%	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)	84.7%	89.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (13)	7.4%	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)	66	70	94.3%	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)	48	48	100.0%	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) (01/04/2016 to 31/03/2017) (NHS England)	47	48	97.9%	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)	48	48	100.0%	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	76.3%	75.8%	72.1%	Comparable to other practices

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.2%	68.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.6%	56.6%	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)	68.0%	78.6%	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)	93.4%	92.6%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (3)	8.2%	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)	95.1%	92.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (3)	6.8%	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)	92.9%	86.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	1.4%	(1)	5.1%	6.8%
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### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	549	539
Overall QOF exception reporting	3.3%	4.0%	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 cervical 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. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>Any further comments or notable training.</p> <ul style="list-style-type: none"> <li>The practice had received awards from Manchester University in recognition of “excellence in teaching year 5 trainee GPs”.</li> <li>Some appraisals had not been conducted for over a year, the practice was aware of this and was working to complete appraisals in a timely manner. Appraisals that we looked at were comprehensive and staff told us that they felt they were a very useful process which they felt able to contribute to.</li> <li>There was a comprehensive training “Tracker” which operated on Red/Amber/Green (RAG) system. We noted that the vast majority of staff training was up to date and refresher courses were planned appropriately.</li> <li>GPs had special interests in different aspects of patient care. One GP was the Medical Director of Viaduct Health (the federation for Stockport GPs) and a member of the local medical committee (LMC)</li> </ul>	

## 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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	97.7%	96.2%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (7)	0.4%	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) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	45.1%	51.5%	51.6%	Comparable to other practices

Any additional evidence
<ul style="list-style-type: none"> <li>One of the receptionists had specific responsibility for booking initial post-natal appointments and had a thorough system for contacting patients who failed to attend these appointments.</li> <li>The Practice told us they were consistently rated 1<sup>st</sup> or 2<sup>nd</sup> out of 39 in Stockport CCG for Prescribing Safety &amp; Cost effectiveness.</li> <li>The Practice has recently provided financial sponsorship to the local community under 11's Cricket team to encourage healthy sports.</li> </ul>

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	26
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	2

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Comment cards which were positive about the service provided at Marple Medical Practice, comments included:</p> <p>“I have had marvellous support, the nurse has been kind, understanding and not dismissive.”</p> <p>“Receptionists efficient and caring, GPS are welcoming and knowledgeable.”</p> <p>“Twenty years of brilliant service.”</p> <p>Mixed reviews included:</p> <p>“Prompt efficient service in a pleasant atmosphere. Still difficult to make appointments when needed.”</p> <p>Negative comments included:</p> <p>“A sense of an over busy practice, especially when one is unable to see one’s own doctor within a week or two.”</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,133	227	3%	110	48.46%

Indicator	Practice	CCG	England	England
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		average	average	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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	74.3%	85.1%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	88.7%	91.6%	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 saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.7%	97.1%	95.5%	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 GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	83.8%	88.5%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.7%	94.0%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.5%	94.1%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
Ongoing	<p>The practice encouraged feedback from patients. It had patient feedback forms that were reviewed regularly and discussed in practice meetings.</p> <p>The practice had recently introduced a social media page (Facebook) for the practice and was experience a growing number of interactions with its patient group.</p>

Any additional evidence
Friends and Family test results for February 2018 showed that from responses from 59 patients, 93% would be extremely likely or likely to recommend the practice.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>Patients told us the following in relation to being involved in their care:</p> <p>“Really good the nurse was very clear in explaining things to me.”</p> <p>“I felt I was included in my treatment.”</p> <p>“I was listened to and my needs were responded to with the right care.”</p>

## 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.1%	89.4%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.3%	86.0%	82.0%	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 explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.5%	92.9%	89.9%	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 nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	84.1%	88.6%	85.4%	Comparable to other practices

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	The practice had identified 1.2% of its patient list as carers.
How the practice supports carers	<p>During the inspection we were not provided with evidence that specific additional support was offered to carers. However following inspection further evidence was supplied that indicated carers were offered preventative immunisations even if outside the defined qualifying groups</p> <p>Appointments were sometimes booked to accommodate carers needs in managing their time or bringing a patient at a specific time to the practice</p>
How the practice supports recently bereaved patients	The practice write a letter to the family of all bereaved patients offering support and assistance, plans are in place to send condolence cards as an additional method of showing concern and support.



## Privacy and dignity

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	All staff are trained in confidentiality and staff at reception ensure that confidential conversations and patient details are not overheard.

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
Staff interviews	Staff told us that patients who asked to speak confidentially were offered the use of a room away from the waiting area.
Patient feedback	Reception staff are very caring and speak quietly when discussing sensitive things.

## 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

Saturday	08:00-09:30
<b>Appointments available</b>	
Monday to Friday	08:30 – 17:30
<b>Extended hours opening</b>	
Tuesday	07:00 -08:00
Wednesday	07:00 -08:00
Thursday	07:00 -08:00
Saturday (once a month)	09:00 – 10:30

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	
The on call GP is supplied with a daily list of all patients requesting a home visit. A protocol devised by clinicians is used by reception staff to assess and prioritise patient requests for appointments; this can involve calling 999 in urgent cases.	

## 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 were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	72.7%	82.0%	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)	68.3%	76.6%	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)	55.1%	78.9%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall	69.6%	78.9%	72.7%	Comparable to other

experience of making an appointment (01/01/2017 to 31/03/2017)				practices
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Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices –	<p>March 2018 – One female patient was particularly impressed with the appointment system and the reassurance it gave her as a new mother.</p> <p>March 2018 - one patient was unhappy about the appointment system stating most appointments were only open for booking on the day of the appointment, this making it nearly impossible to plan life, as you don't know what time your appointment will be until you are able to book it on the day.</p> <p>October 2017 - other patients said appointments were good stating they had no problem and could discuss matters over the telephone.</p>

Any additional evidence
The practice had recently commenced audit of appointments that could be booked in advance, this would enable it to assess best use of appointments to maximise patient access.

### Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined	3
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:	
Information on how to make a complaint was displayed clearly in the practice waiting area and on the practice website. All complaints were logged on a spreadsheet and information relating to the complaint, its investigation and resolution were recorded on the "tracker" this also included any learning	

or actions identified as a result of the complaint. Complaints were discussed at regular meetings and any information that could assist staff in the future was communicated effectively.

Any additional evidence
The practice manager was identified as the lead person for dealing with complaints who took pride in the resolution of complaints to the patient’s satisfaction. We saw that apologies were offered when appropriate and the practice understood their responsibilities relating to duty of candour.

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
Staff we spoke with were clear on the “mission statement” adopted by the practice. The “mission statement” was displayed within the practice and on practice information leaflets.

### Culture

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

Source	Feedback
Interviews with staff	It’s great to work here, we are a real team. The management are really approachable and fair. There is a real team spirit at the practice, I love working here.

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

Source	Example
Significant Event	A change made in the protocol used by reception staff following an incident where a patient was suicidal. This change was initiated by reception staff who considered there was an improvement to be made to the system, which after consideration was implemented.

Examples of the practice responding to incidents and concerns and how they communicate with patients

and those involved (consider duty of candour)

Source	Example
Patient Complaint	Following a complaint about inability to book a longer appointment to review more complex medical issues, management at the practice provided reception staff with further guidance on when this would be appropriate, the practice manager apologised to the patient concerned.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff interviews	Staff we spoke with said that they were encouraged to make suggestions and engage with anything they considered could improve the way the practice was run or make improvements for patients.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

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 during induction and ongoing. For example, fire safety training and infection prevention and control.
Immunisation records	Staff immunisation records were kept by the practice to ensure that relevant staff and patients were protected appropriately.
Interviews with staff	Staff told us that there was an open and consultative culture at the practice and that they were free to raise any concerns with managers. We were told that they would feel comfortable discussing personal and sensitive issues with their manager should they need to. They told us that they were made to feel valued members of the team. The practice funded an annual Christmas social event for staff.

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

Source	Example
Training records	All staff received training on equality and diversity.
Staff interviews	Staff told us that although there was a small percentage of patients from minority groups, they were well equipped to understand religious and cultural differences which may affect how they should interact with patients. Staff were aware that language line was available for patients whose first language was not English. Receptionists encouraged family members or carers to attend appointments to support patients who may have difficulty communicating.

Examples of actions to improve quality in past 2 years

Area	Impact
Appointments	Following patient feedback, there was a complete review and re-design of the appointment system. This has proved effective and popular with patients. Same day urgent appointments were available and pre bookable appointments with GPS, nurses and health care assistants were available up to two months in advance.
Audit of patients taking sodium valproate.	Following patient safety alerts regarding taking the medicine sodium valproate in pregnancy, the practice assured themselves that this was not happening and that there were safety measures in place to stop this happening in the future.
Audit of self-management care plans in COPD patients including repeat prescription of rescue packs. (March 2018 – 40 patients)	Results showed improved performance in formulating self- management plans from 92.5% to 98%. Prescription of rescue packs from 42.9% to 91% and prescription rescue prednisolone from 43.2 to 93%.

Examples of service developments implemented in past 2 years

Development area	Impact
Interviews with GPs	The practice had introduced a new patient information system to improve patient experience in reception area in relation to appointments.
Test results	Patients expressed satisfaction that test results were now available “on line” and this alleviated the need for attendance at the practice unless there was a problem with the results.
Audit of patients taking sodium valproate.	Following patient safety alerts regarding taking the medicine sodium valproate in pregnancy, the practice assured themselves that this was not happening and that there were safety measures in place to stop this happening in the future.

## Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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## Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Practice suggestion box  Effective complaints system  Facebook page	The fact that the practice offered a variety of means of interactions with patients meant that patient views were heard and listened to.

	Active patient reference group	
Public	Practice Website NHS Choices	Improved flow of information to and from the practice. Better awareness of local services and amenities.
Staff	Open door policy Staff meetings and minutes Staff appraisal	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Viaduct Health and LMC Practice Managers meetings Nurses Forums CCG	One of the GPs was the medical director for the local federation of GPs and the local medical committee, meaning that practice had an effective voice in those forums and was well represented. This also enabled services to be planned and delivered effectively and for better sustainability of service provision in the future. The practice manager is also the neighbourhood lead for practice managers. Nurses regularly attend forums  The practice takes advantage of advice from the CCG medicines management team and engages effectively with the CCG.

#### Feedback from Patient Participation Group;

##### Feedback

We attempted to call a nominated member of the PPG however no contact was made. We saw from email correspondence that they were very satisfied with the communication lines between the practice and their group and had been actively involved in recent changes to the appointment system.

#### Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
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## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had taken the opportunity to review staffing skill mix when there were changes to the clinical team. They employed two new salaried GPs and two part time pharmacists.	There has been an improvement in the availability of appointments and increase in patient satisfaction in this area.  Practice pharmacists have been able to provide advice and optimise medications.

Any additional evidence
<p>The practice was a training practice for doctors and currently has two trainee GPs at the practice.</p> <p><b>Governance</b></p> <p>There was an overarching governance framework; each GP had an identified lead role or area of special interest or expertise. Staff we spoke with knew how the practice was structured and who to go to advice on any subject matter.</p> <p>The practice maintained a number of spreadsheets called “trackers” which contain a variety of up to date and accurate information which staff and auditors can refer to. Trackers are used to manage a number of subjects including; complaints, significant events and training, we checked the information in some of the trackers and found it to be accurate and informative.</p> <p>The practice maintained a suite of policies to govern activities; these were available to all staff in a shared area of the practice’s computer system.</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, 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>