

Care Quality Commission

Inspection Evidence Table

Stalbridge Surgery (1-730661397)

Inspection date: 17 April 2018

Date of data download: 11 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) | No |
| 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. | Yes |
| Explanation of any 'No' answers: | |
| Clinicians and administrators had undertaken safeguarding children and adults training in June 2017. However, an administrator who was appointed in August 2017 had not undertaken safeguarding training. The practice nurse had not undertaken level 2 safeguarding children training. The GP had undertaken training to the appropriate level for their role. We discussed this with the practice who subsequently ensured that all staff had completed safeguarding children and adults training to the level appropriate to their role in May 2018.. | |

| 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: n/a | |

| Safety Records | |
|---|-----------------|
| There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: | Yes 01/08/17 |
| There was a record of equipment calibration Date of last calibration: | Yes 18/04/17 |
| 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 | No |
| Fire alarm checks | Yes |
| Fire training for staff | No |
| Fire marshals | Yes |
| Fire risk assessment Date of completion | Yes 08/01/18 |
| Actions were identified and completed. Fire drills had not been undertaken since 2015. Not all staff had undertaken fire training. The fire risk assessment undertaken in January 2018 identified that fire drills were to be completed twice yearly and all staff required fire training. The practice had not undertaken a fire drill or ensured staff had undertaken fire training since the risk assessment. | No |
| Health and safety Premises/security risk assessment? Date of last assessment: | Yes 01/07/17 |
| Health and safety risk assessment and actions Date of last assessment: | Yes 01/07/17 |
| Additional comments: Fire training for all staff had been scheduled for June 2018 | |

| | |
|---|---------------------------------------|
| <p>Infection control</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> <p>Previously identified concerns had all been rectified. However, the audit had not identified that there was not a system in place to record the frequency of cleaning of spirometry equipment. Staff had cleaned the spirometry equipment but were not able to demonstrate that this had been completed when required. We saw that equipment looked clean.</p> | <p>Yes</p> <p>01/02/18</p> <p>Yes</p> |
| <p>The arrangements for managing waste and clinical specimens kept people safe?</p> | <p>Yes</p> |

| Any additional evidence |
|---|
| <p>The last Infection control audit stated that the practice had a system in place to regularly check the quality of cleaning by contracted cleaning staff, to ensure it had been completed in line with agreed schedules. However, their checks were not recorded. On the day of inspection we found that the cleaning schedule used by contracted cleaning staff had recorded that cleaning tasks had been completed for future dates. For example, tasks including the cleaning of light switches and door handles had been marked as complete for 10 days in advance of the date of inspection. We saw that all areas at the practice were visibly clean.</p> |

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) | 0.84 | 0.97 | 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) | 4.3% | 8.2% | 8.9% | Variation (positive) |

| 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. | Yes |
| 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 |

| Dispensing practices only | |
|--|-----|
| There was a GP responsible for providing effective leadership for the dispensary? | Yes |
| Access to the dispensary was restricted to authorised staff only. | Yes |
| The practice had clear Standard Operating Procedures for their dispensary staff to follow. | Yes |
| The practice had a clear system of monitoring compliance with Standard Operating Procedures. | Yes |
| Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions. | Yes |
| <p>If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.</p> <p>Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.</p> | Yes |
| The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability). | Yes |
| Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc. | Yes |
| There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians. | 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. | 2 |
| Number of events that required action | 2 |

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

| Event | Specific action taken |
|--|--|
| A patient had been issued a prescription for a medicine that had not been requested or dispensed to them for nine years. | The event was discussed during a clinical meeting. A new process was implemented to ensure staff checked with the GP before issuing repeat prescriptions for medicines that had not been ordered for six months. |
| A patient's prescription had been sent to the wrong pharmacy. | The event was discussed during a clinical meeting and the practice apologised to the patient. Staff were reminded to check prescriptions to ensure they were sent to the correct pharmacy. |

| 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>There was an effective system in place, the GP viewed all alerts and it was clearly recorded whether action was required or not. If action was required this was assigned to an appropriate member of staff and it was recorded when this action was completed. The alerts were regularly audited to ensure that action had been taken where required. All the alerts were stored in a file which was accessible by staff should they need to refer to them.</p> | |

Effective

Effective needs assessment, care and treatment

| Prescribing | | | | |
|---|----------------------|-------------|-----------------|-------------------------------|
| Indicator | Practice performance | CCG average | England average | England comparison |
| Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA) | 0.72 | 0.88 | 0.90 | Comparable to other practices |

| 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) | 76.8% | 82.6% | 79.5% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 5.5% (15) | 18.0% | 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) | 87.9% | 78.5% | 78.1% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 3.6% (10) | 12.2% | 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) | 86.4% | 81.5% | 80.1% | Comparable to other practices |
| QOF Exceptions | | | | |
| | 11.3% (31) | 17.3% | 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. (01/04/2016 to 31/03/2017) (QOF) | 83.7% | 76.6% | 76.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 1.5% (4) | 11.7% | 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) | 94.1% | 91.6% | 90.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 8.7% (13) | 16.0% | 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) | 82.7% | 84.3% | 83.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 1.2% (10) | 5.3% | 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) | 83.6% | 87.9% | 88.4% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 1.5% (2) | 9.6% | 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) | 26 | 26 | 100.0% | 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) | 25 | 27 | 92.6% | 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) | 25 | 27 | 92.6% | 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) | 25 | 27 | 92.6% | Met 90% Minimum (no variation) |

| 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) | 79.0% | 74.7% | 72.1% | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE) | 78.8% | 75.3% | 70.3% | N/A |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE) | 68.8% | 62.5% | 54.6% | N/A |
| The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE) | 90.0% | 63.8% | 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) | 100.0% | 91.9% | 90.3% | Variation (positive) |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 5.6% (1) | 14.0% | 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) | 93.3% | 89.9% | 90.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 16.7% (3) | 14.0% | 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% | 86.4% | 83.7% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 8.1% (3) | 7.0% | 6.8% | |

Monitoring care and treatment

| Indicator | Practice | CCG average | England average |
|--|----------|-------------|-----------------|
| Overall QOF score (out of maximum 559) | 553 | 548 | 539 |
| Overall QOF exception reporting | 4.4% | 6.6% | 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 cervical screening programme. | No |
| 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. | No |
| 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>The practice did not have an overview of staff training delivered. Staff personnel files confirmed that clinical staff had undertaken mandatory and specialist training for their roles. However, only two members of staff had undertaken fire safety training. Clinicians and administrators had undertaken safeguarding children and adults training in June 2017. However, an administrator who was appointed in August 2017 had not undertaken safeguarding training. The practice nurse had not undertaken level 2 safeguarding children training. Staff were able to describe how to identify potential signs of abuse and what processes they would follow if they had safeguarding concerns. We discussed this with the practice who subsequently purchased an online training system for staff to complete all mandatory training.</p> <p>At the time of inspection there was no induction programme for new staff. Staff personnel files demonstrated that recruitment checks had been undertaken and specialist training for clinicians had been undertaken. Newly employed staff were not required by the practice to undertake an induction programme. However, there was no system in place to demonstrate that staff were supported to carry out their role and were competent. We discussed this with the practice who subsequently updated their policy and procedure for the induction of new staff which included an induction programme.</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) | 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) (QOF) | 93.7% | 94.8% | 95.3% | Comparable to other practices |
| QOF Exceptions | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate | |
| | 0.6% (8) | 1.0% | 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) | 69.7% | 51.6% | 51.6% | Comparable to other practices |

Caring

Kindness, respect and compassion

| CQC comments cards | |
|---|----|
| Total comments cards received | 83 |
| Number of CQC comments received which were positive about the service | 83 |
| 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 |
|----------------|--|
| Comments cards | Patients said that staff were professional and thoughtful. They felt listened to and treated with respect and dignity. Patients described examples where staff had been kind and accommodating. Patients also commented on the person centred care and treatment received at the practice. |

National GP Survey results

| Practice population size | Surveys sent out | % of practice population | Surveys returned | Survey Response rate% |
|--------------------------|------------------|--------------------------|------------------|-----------------------|
| 3,680 | 217 | 5% | 123 | 56.68% |

| 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) | 81.5% | 84.5% | 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) (GPPS) | 74.2% | 91.3% | 88.8% | Variation (negative) |
| 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?" (01/01/2017 to 31/03/2017) (GPPS) | 88.0% | 96.6% | 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 (01/01/2017 to 31/03/2017) (GPPS) | 77.6% | 89.3% | 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) (GPPS) | 98.3% | 93.7% | 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) (GPPS) | 96.7% | 93.2% | 90.7% | Comparable to other practices |

The practice carries out its own patient survey/patient feedback exercises; No

Involvement in decisions about care and treatment

Examples of feedback received:

| Source | Feedback |
|--------------------------|---|
| Interviews with patients | Patients told us that they were always able to get an appointment and did not have to wait too long to see a GP or Nurse. Patients told us that the GP and nurses were good at explaining test results and different treatment options and that they felt involved in decisions about their care and treatment. |

National GP Survey results

| Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|-------------------------------|
| The percentage of respondents to the GP patient survey who stated that 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) | 81.7% | 90.1% | 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) (GPPS) | 75.4% | 86.5% | 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 (01/01/2017 to 31/03/2017) (GPPS) | 98.4% | 92.2% | 89.9% | Variation (positive) |
| 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) | 97.4% | 88.5% | 85.4% | Variation (positive) |

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 | 149 patients were identified as carers; this represented approximately 4% of the practice list. |
| How the practice supports carers | We saw information was available in the waiting room for carers and staff signposted carers to local services and external support. A carer's pack was sent to patients who were newly identified as a carer. The practice's computer system alerted GPs if a patient was also a carer. |
| How the practice supports recently bereaved patients | <p>The GP contacted the family if they were registered to the practice and offered an appointment with the GP for the family. The GP would visit the next of kin or family if appropriate.</p> <p>The practice discussed patients who may have been recently bereaved during clinical meetings to identify support or signposting to other support services where appropriate.</p> |

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 | The reception desk was in a separate area to the waiting room. |

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 | Staff told us the practice kept a privacy screen which had been used in the event of a medical emergency in the waiting area to protect patients' privacy and dignity. |

Responsive

Responding to and meeting people's needs

| Practice Opening Times | |
|------------------------|---------------------------|
| Day | Time |
| Monday | 08:30-13:00 |
| Monday | 13:45-18:00 |
| Tuesday | 08:30-13:00 |
| Tuesday | 13:45-18:00 |
| Wednesday | 08:30-13:00 |
| Wednesday | 13:45-18:00 |
| Thursday | 08:30-13:00 |
| Thursday | 13:45-18:00 |
| Friday | 08:30-13:00 |
| Friday | 13:45-18:00 |
| Appointments available | |
| | 08:30-13:00 & 13:45-18:00 |

| 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 | |
| Requests for home visits were added to the home visit list and the GP determined whether the visit was necessary and the urgency. If an urgent request was received the GP undertook a home visit, if the request was routine, the practice nurse visited the patient. | |

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) | 86.2% | 83.8% | 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) | 95.2% | 83.8% | 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) | 95.7% | 84.4% | 75.5% | Variation (positive) |
| 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) | 95.1% | 81.7% | 72.7% | Variation (positive) |

Examples of feedback received from patients:

| Source | Feedback |
|--------------------|--|
| Patient interviews | Patients we spoke told us that they were satisfied with the appointment system and had always got book on the day appointments when requested. |
| Comment cards | Patients were satisfied with the appointment system and all described it as easy to get an appointment, particularly in an emergency or book on the day. |

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. | 4 |
| Number of complaints we examined | 4 |
| Number of complaints we examined that were satisfactorily handled in a timely way | 4 |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman | 0 |
| Additional comments: | |

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

There was a clear vision to provide patients with high quality, patient-centred, holistic care, in a safe, responsive and courteous manner. The practice strived to preserve the traditional values of Primary Care Medicine, whilst empowering patients to fully participate in their own care. All staff were aware of the vision and we saw that this translated into the action of the practice. The practice endeavoured to treat patients with dignity, respect and honesty.

Culture

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

| Source | Feedback |
|--------|---|
| Staff | Staff told us they felt supported and listened to. The GP and manager were approachable and specialist training for nurses was always supported and encouraged. |

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

| Source | Example |
|--------|--|
| Staff | Staff informed managers that they did not wish to handle specimen samples. The practice invested in a specific, lockable sample box for patients to place samples directly into. |

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

| Source | Example |
|-----------------------------|--|
| Practice complaints records | A patient complained after they attended an appointment that had been booked in error by the practice for a previous day. The patient requested to be seen but there were no appointment slots available. The practice offered an alternative appointment and wrote the patient a letter of apology. |

Examples of concerns raised by staff and addressed by the practice

| Source | Example |
|---|---|
| Staff | Following a change in the immunisation schedule for children receiving the six in one vaccine instead of the five in one vaccine, staff requested for the information and schedule to be available for them. The new schedule was printed and displayed in all relevant clinical rooms. |
| 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 | All staff were invited to attend team meetings. This provided an inclusive culture for non-clinical staff and assisted in providing a quality service to patients. |
| Policies | All health and safety policies were up to date and accessible to all staff. Staff were alerted to changes in policies to ensure their safety and well-being. |
| Staff | Staff had described examples of when they had been supported during times of illness and when living with disabilities. Staff told us the GP and manager were approachable and supportive when they had raised concerns regarding wellbeing and safety. |

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

| Source | Example |
|--------|---|
| Staff | The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture. |

Examples of actions to improve quality in past 2 years

| Area | Impact |
|----------------|---|
| Staff training | The practice had supported clinical staff, including the practice nurse and health care assistants to undertake specialist training to ensure they were competent to provide additional services and clinics. For example, a health care assistant was trained in wound care. This resulted in the health care assistant being able to support patients with dressing of wounds and leg ulcers by following a care plan and working closely with the nurse practitioner. This increased the number of appointments available to patients. |

Examples of service developments implemented in past 2 years

| Development area | Impact |
|---|--|
| Monitoring patients who were glucose intolerant | The practice developed a register of patients who were at risk of developing diabetes. Those patients were regularly invited to health check appointments to monitor health and minimise the risk of diabetes occurring. |
| Staff skill mix | The practice had employed a paramedic practitioner. This provided patients with additional clinical professional input to their care. |

Appropriate and accurate information

| | |
|--|-----|
| Staff whose responsibilities include making statutory notifications understand what this entails | Yes |
|--|-----|

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

| | Method | Impact |
|-------------------|---|--|
| Patients | Patient participation group | The patient participation group (PPG) had been reformed in 2017. A member of the PPG told us that the practice was very open and transparent when sharing information and discussing concerns or quality of services provided. |
| Staff | Annual appraisals, regular staff meetings | Staff suggestions were regularly discussed and implemented where appropriate. Appropriate training identified by staff had been provided. |
| External partners | Clinical commissioning group (CCG), locality meetings | The practice met regularly with the CCG. Practice staff had attended a North Dorset "Way Forward" locality meeting in December 2017 which was attended by voluntary organisations and patient participation groups. |

Feedback from Patient Participation Group;

Feedback

The patient participation group (PPG) was formed of 17 members. Although regular meetings had not been established, the PPG reported that the GP met regularly with PPG members and information discussed was shared with the PPG via email.

Continuous improvement and innovation

| Examples of innovation and improvements | Impact on patients |
|---|--|
| Staff training implemented to ensure competency of staff providing safe services to patients. | A healthcare assistant (HCA) had been trained to undertake health checks for patients with diabetes, including weight and blood pressure monitoring. The HCA had completed a level five qualification in diabetes care and management and attended a diabetes study day every six months. The HCA was supported by the locality diabetes specialist nurse to offer patients a monthly diabetes clinic. |

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>