

Care Quality Commission

Inspection Evidence Table

Lansdowne Surgery (1-545912954)

Inspection date: 22 May 2018

Date of data download: 27 April 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	N
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
<p>Explanation of any 'No' answers:</p> <p>The practice were unable to evidence accurate staff training records. The records we were shown demonstrated:</p> <p>Children's safeguarding training</p> <ul style="list-style-type: none"> • Two GPs had undertaken children's level three training in 2015. We received evidence post inspection that an additional GP had completed level three training • Nurses and health care assistants had undertaken level two training in 2014 apart from two healthcare assistants who had done the training in 2016. • Of the administrative staff three had received training in the previous 12months and two in 2016. The remaining seven staff had received no training. <p>Adult safeguarding training</p> <p>All staff had received training but five members of staff not since 2014 and two since 2016.</p> <p>Staff we spoke with were aware of their roles and responsibilities relating to safeguarding.</p>	



Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y March 2018
There was a record of equipment calibration Date of last calibration:	Y March 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	N
Fire alarm checks	Y
Fire training for staff	N
Fire marshals	Y
Fire risk assessment Date of completion	Y 2007
Actions were identified and completed.	Y
Additional observations: A fire drill had not been carried out by the practice. However, we did see that in February	

<p>2017 the fire alarm had sounded and it had been necessary to evacuate the building. This had been raised as a significant event and actions had been identified that needed to be taken, however we saw that these had not always been completed. For example</p> <ul style="list-style-type: none"> • A training need was identified. However, we saw that only two members of staff were documented as having undertaken training since this date. • The need to have regular drills. However, we saw that no fire drills had been undertaken since this occurrence. 	
<p>Health and safety Premises/security risk assessment? Date of last assessment:</p>	<p>Y 2016</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>Y 2015</p>
<p>Additional comments: NA</p>	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail: Records showed that four staff had received infection control training in the last 12 months. However, we saw that training was booked for all staff booked for 6/6/18 to be delivered by an infection control specialist external to practice. Most recent audit actions were mainly uncompleted as the audit was only undertaken 2 weeks ago. Previous audit done 19/09/17 Actions identified and completed:</p> <ul style="list-style-type: none"> • Areas that required improved cleaning shared with cleaner and this was undertaken • Unsuitable and old trolley in a consulting room was replaced. 	<p>Y 08/05/2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>N</p>
<p>Explanation of any 'No' answers: The practice was not ensuring that the clinical waste was labelled with the practice identifier to ensure that waste was traceable back to its source, as required by the safe management of healthcare waste regulations.</p>	

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Any additional evidence
NA

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	N
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
Explanation of any 'No' answers: We were told that these were in place however there was no written evidence to support this.	

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.	Y
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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information	Y

needed for their ongoing care was shared appropriately and in line with relevant protocols.
Explanation of any 'No' answers: NA

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)	1.11	0.98	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)	10.3%	11.4%	8.9%	Comparable to other practices

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.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
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.	Y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency	Y

medicines/medical gases	
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any 'No' answers:	

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	7
Number of events that required action	6

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

Event	Specific action taken
Cold Chain Incident	Systems and processes were changed to ensure fridge temperature monitoring was checked and recorded twice daily instead of once daily.
Conflicting advice given to patient	Patient contacted and told that initial advice had been in error and apology given. All GPs received an update relating to DVLA guidelines.
Collapse in waiting room.	Whilst a good outcome for the patient was achieved it was recognised that there needed to be greater clarity in ensuring an ambulance was called and that screens could have been used more effectively. The incident and outcomes and learns were discussed and cascaded at practice meetings.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Alerts were circulated to appropriate staff. There was a spreadsheet in place for staff to complete and demonstrate that the necessary action had been completed. Recently an alert had been received about blood testing strips. Potentially affected patients were identified and a letter with clear instructions was	

sent asking these patients to make the necessary checks.

Any additional evidence

NA

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)	0.93	0.90	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)	87.6%	83.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.6% (149)	18.1%	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)	86.2%	79.8%	78.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	England comparison
	26.1% (123)	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)	90.2%	82.9%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	England comparison
	33.1% (156)	17.6%	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)	72.5%	78.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	England comparison
	12.3% (60)	9.6%	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)	95.9%	92.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	England comparison
	30.2% (42)	13.6%	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)	85.0%	83.9%	83.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3%	(99)	4.5%	
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)	99.3%	90.4%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0%	(17)	8.3%	

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)	51	53	96.2%	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)	60	63	95.2%	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)	60	63	95.2%	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)	61	63	96.8%	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	75.6%	75.9%	72.1%	Comparable to

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)				other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.4%	76.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.8%	62.9%	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)	55.2%	66.0%	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%	94.0%	90.3%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	45.9% (17)	15.1%	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)	100.0%	93.5%	90.7%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.5% (15)	13.8%	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)	93.1%	87.2%	83.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	17.1% (12)	8.6%	6.8%

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	553	539
Overall QOF exception reporting	10.3%	6.2%	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.	N
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>If no please explain below:</p> <p>Staff we spoke with on the day of the inspection demonstrated that there were no gaps in the knowledge necessary to deliver effective care. However, there were areas where there was no documented evidence that staff had received recommended training. From the records we saw that:</p> <ul style="list-style-type: none"> • one member of staff had undertaken equality and diversity training • four members of staff had undertaken information governance training in the last 12 months and the practice had indicated that this should be completed annually. • There was no evidence at the time of the inspection that any staff had undertaken Mental Capacity Act training however this was sent to us post inspection. 	

- Three health care assistants had undertaken training relating to consent.

Any further comments or notable training:

- All staff had received training on Sepsis
- All staff had undertaken basic life support training.
- Role specific training for relevant staff had been regularly updated. For example, immunisations, cervical cytology, long term conditions management.

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)	94.8%	95.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (20)	0.8%	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)	40.9%	47.0%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Any additional evidence

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2016 – 2017 showed that the practices exception rating for clinical domains was 20% which was above the local average of 11% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was an outlier for QOF exception rating for a number of clinical areas. For example, exception reporting for asthma and mental health.

- Exception reporting for patients diagnosed with a mental health condition was 35% compared to a local average of 13% and a national average of 11%. Investigation by the practice showed that a number of these patients had in fact received a review after an exception code had been applied to the patient notes. Additionally, a further cohort of patients had not received medicines in relation to mental health for many years and to ensure completeness of medical records these diagnosis codes cannot be deleted from the patient’s medical record. This left a small number of patients who chose not to attend for review. A sample of medical notes looked at by the GP specialist advisor on the day of the inspection found that these patients received appropriate clinical care.
- Exception reporting for patients diagnosed with asthma was 13% compared to a local average of 8% and a national average of 6% and for chronic obstructive pulmonary disease was 25% compared to a local average and national average of 13%. Investigation by the practice again showed that a number of these patients had in fact received a review after an exception code had been applied to the patient notes. Also, we saw that a number of patients had a dual diagnosis and they had received a review but was recorded under one condition but excepted for the other. A sample of records demonstrated that patients were receiving care in line with evidence based guidelines.
- The practice was involved in a research study of high-risk asthma patients, aiming to reduce their risk of exacerbations and admissions.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	45

Number of CQC comments received which were positive about the service	45
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	Positive comments included the fact that all staff were helpful and professional. Staff always listened with care and compassion. Many comments stated that the service was excellent and there would be no hesitation in recommending the practice to others.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,415	223	3%	119	53.36%

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)	87.7%	83.9%	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)	95.3%	92.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	99.3%	97.6%	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)	94.7%	89.5%	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 (01/01/2017 to 31/03/2017) (GPPS)	91.5%	92.7%	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)	89.9%	91.9%	90.7%	Comparable to other practices
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Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Date of exercise	Summary of results
April 2018	Patients were asked a number of questions and results showed that in all areas over 90% of patients responded positively. For example, 91% of patients responded that they were very satisfied or extremely satisfied to the question how relaxed and comfortable did the doctor make you feel. The practice also surveyed patients six months after registering with the practice.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with four patients who all commented positively about the practice. Patients responded positively to the fact that the GPs have personalised lists which ensured continuity of care. Routine appointments with a named GP were readily available. One patient we spoke with had made the appointment three days previously with the GP of choice.

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	97.3%	90.6%	86.4%	Variation (positive)

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 involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	89.2%	86.9%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	91.0%	91.5%	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 (01/01/2017 to 31/03/2017) (GPPS)	88.9%	87.1%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	210 cares identified 3% of practice list size
How the practice supports carers	<p>The health care assistant was the carer's lead within the practice. Carers were invited for a health check annually and at the time of the inspection 50% of carers had received a health check in the last 12 months. During these health checks 67 health issues were detected, examples of which were; two patients with abnormal heart rhythms, two safeguarding concerns, seven patients who needed additional emotional support.</p> <p>In addition, two carer's clinics were held annually which were supported by Carers Support Wiltshire. During carers week other organisations such as Age UK and health trainers were invited to speak with carers. Further identification of carers was taken at all opportunities. For example, during flu clinics. The carer's lead had designed and distributed a leaflet which contained comprehensive help, advice and signposting to other services. At Christmas time the carer lead organised and facilitated volunteers to hold a Christmas lunch for carers and their families. In recognition of the work that the practice was doing for carers they had been awarded a platinum award by Carers Support Wiltshire.</p>

How the practice supports recently bereaved patients	Recently bereaved patients were sent a condolence card and access to speak to or see the GP of their choice. The personalised lists of GPs ensured patients' and their families were well known to the GP concerned which enabled the most appropriate support to be offered. Recently bereaved patients were listed on a board to enable staff to be aware and offer appropriate support.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Computer screens were not visible to patients at the reception desk. Phone calls were answered away from the reception desk. A private room was available for private discussions.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-19:30
Wednesday	08:00-18:30

Thursday	08:00-18:30
Friday	07:00-18:30
Appointments available	
AM: 08.30 – 11.40	PM: 14.00 – 17.20
Extended hours opening	
GP appointments Tuesdays 18.30 – 19.30 And Fridays 07.30 – 08.00	Nurse appointments Fridays 07.00 – 08.00

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	Y
If yes, describe how this was done	
<p>Visit requests were triaged and visited where appropriate by the patient's usual GP. The practice participated in the Early Home Visiting Service. If a request was considered urgent and the GP would be unable to visit until later in the day a request would be made for the visit to be carried out by the emergency care practitioner.</p>	

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)	79.5%	82.7%	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)	76.8%	78.4%	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)	94.6%	83.8%	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)	87.4%	79.5%	72.7%	Comparable to other practices

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>)	Y
Information was available to help patients understand the complaints system.	y

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We looked at two complaints that had been responded to and dealt with appropriately. We were shown minutes where complaints had been discussed and actions to minimise reoccurrence were shared with staff.	

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The leadership and culture promoted the delivery of high quality care, however governance arrangements did not always operate effectively.

Vision and strategy

Practice Vision and values
The practice had a clear vision to ensure the highest standard of family care and to offer patients appropriate access to health care professionals.

Culture

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

Source	Feedback
Staff	A friendly supportive and professional team
staff	Everyone works as a team for the good of the patients and staff colleagues alike.

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

Source	Example
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Staff	Updated and improved equipment for the nursing team
Staff	Additional protected time allocated to complete accountable tasks

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

Source	Example
Significant event log	Patient contacted to tell them that advice given had been in error.
Complaints log	Practice manager contacted all patients who had made a complaint to discuss concerns with them

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staffing levels within team. We saw that this was being addressed by the recruitment of an additional nurse practitioner and two receptionists.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
	We were not shown examples actions taken to promote staff safety and wellbeing.

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

Source	Example
Interview	We were told that staff would receive online training on equality and diversity, however we saw no evidence that this had been undertaken.

Examples of actions to improve quality in past 2 years

Area	Impact
Prescribing	The practice employed a clinical pharmacist had reviewed the medicines prescribed remotely and in face to face consultations to ensure prescribing by the practice was in line with the most up to date guidance The pharmacist also had a key role in ensuring medicine alerts were appropriately responded to as well as highlighting changes necessary to prescribers within the practice.

Examples of service developments implemented in past 2 years

Development area	Impact
Earlier Home Visiting service	The practice had engaged with the clinical commissioning group to deliver an early home visiting service. If the GP felt a visit was urgent and a visit by a GP would not be available until later in the day a request would be made for an early visit by an emergency care practitioner. The purpose of this was to ensure that patients could be assessed and a management plan commenced early in the day, to help prevent unnecessary hospital admission.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	We saw that learnings from complaints and significant events were appropriately documented and shared with staff involved
Practice specific policies	We saw that appropriate policies were in place updated and reviewed. For example, safeguarding and recruitment.
Risk assessments	The fire risk assessment had not been reviewed and was not up to date. Actions identified as necessary following an evacuation had not been completed. For example, staff training and fire drills.
Training	Not all staff had received essential training. The systems in place to manage and monitor staff training did not support the management to have oversight of staff training requirements.
Infection Control	Staff responsible the oversight of systems for infection control prevention had not ensured these were working effectively. For example, management of health care waste and staff training.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Surveys	Areas for development and action following survey responses included: Additional outside lighting; review of practice staffing levels resulting in the recruitment and/or advertising for additional staff.
Public	Website	Advice on health promotion and other information on how to access healthcare for specific needs.
Staff	Meetings	Staff group meetings were held on a regular basis where minutes demonstrated that incidents and improvements were shared with staff. Staff told us

		that they were confident in raising issues and felt they were listened to.
External partners	Locality group working	Pharmacy First Campaign which encouraged patient with straightforward self-limiting illnesses to consult with a local pharmacist in the first instance. Advice on the practice website further supported this initiative.

Feedback from Patient Participation Group;

Feedback

The patient participation group (PPG) had ceased to run in 2016 due to the retirement of members. The practice was working towards setting up a new group and we saw information on the practice website encouraging patients to become members of an on-line group.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Clinical research	At the time of the inspection the practice was involved in research relating to tinnitus and asthma.

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

Audit area	Impact
Coeliac disease	An initial audit demonstrated that out of 52 patients with a diagnosis of coeliac disease 20 had attended for an annual review and 35 had received the appropriate monitoring as recommended in clinical guidelines. Following the initiation of annual recalls a follow up audit showed that this had improved to 37 attending for a review and 40 patients having received appropriate monitoring.
Contraception	An audit to ascertain whether documentation within the patient records met the recommended standards of care. Whilst five areas met the standards of documentation four areas did not. Changes were made that would assist clinicians in improved recording within patient records. A follow up audit demonstrated that one area but not all four areas had improved significantly. Additional actions were being implemented to facilitate compliance with all areas.

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>