

# Care Quality Commission

## Inspection Evidence Table

### Castleford Medical Practice (1-544007437)

Inspection date: 5 April 2018

Date of data download: 23 March 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.	Yes
Explanation of any 'No' answers: N/A	

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.	No
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: Full checks on staff immunity status had not been made in relation to measles, mumps, rubella and chickenpox.	
<b>Safety Records</b>	
There was a recent record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	No October 2014
There was a record of equipment calibration Date of last calibration:	Yes 13/7/17
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	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes March 2018
Actions were identified and completed.	Yes
Additional observations: Practice began to organise the portable appliance testing immediately on being informed of the issue.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 19/2/18
Health and safety risk assessment and actions Date of last assessment:	Yes 19/2/18
Additional comments: Risk assessment generic and produced by external company.	

<b>Infection control</b>	
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Risk assessment and policy in place Date of last infection control audit:	Yes January 2018
The provider acted on any issues identified	Yes
Detail: The practice attained an overall score of 98%. The main issues related to the condition and fabric of the building which is old and maintained under an NHS contract. The practice discussed with us future plans in relation to a full practice rebuild.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers: N/A	

<b>Any additional evidence</b>
Staff personal records were, apart from the immunity status issue, comprehensive and well laid out.

### 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
Explanation of any 'No' answers: N/A	

### 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
Explanation of any 'No' answers: N/A	

### 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)	1.08	1.12	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)	4.6%	5.6%	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.	N/A
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	Yes

to determine the range of medicines held.	
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
Explanation of any 'No' answers: N/A	

### 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.	9
Number of events that required action	9

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

Event	Specific action taken
Thermal cautery pen failure during minor surgery. Failure was due to the battery being dead. Two other back-up pens also had no charge.	The practice purchased new diathermy equipment and instigated new checking procedure which will be adopted prior to any future use to ensure the equipment is fully operational.
Surname of a young patient was incorrectly changed by a secondary care provider which meant that the patient could not be identified on the patient record system.	The error was identified and rectified within the patient record. The practice informed the secondary care provider and clinical commissioning group of the incident.
The practice identified a patient who had undergone a subtotal hysterectomy and therefore still had a cervix. Patient was overdue for cervical screening as she felt these were no longer required and had ignored previous correspondence.	The practice identified that they did not hold a register of such patients and that they had no other way of recognising them and giving additional support and information to attend screening. In addition Primary Care Support England does not send out screening invitations to anyone who has had a hysterectomy even if they still have a cervix. In response to this the practice identified other patients who needed to be called for cervical screening and have compiled a register of these patients. All clinicians and reception staff have been informed to pass on any information on patients who have had subtotal hysterectomies to cervical screening lead. The lead also runs a new report every 6 months to find any additional

	patients that may require screening.
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### Safety Alerts

There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	Yes

Comments on systems in place: Whilst the practice had developed a system for receiving and acting on safety alerts, there was insufficient evidence to give assurance that all generated and issued alerts had been received and actioned by the practice. Whilst the majority of alerts were seen as being received and actioned we saw evidence that some had not been.  
When informed of this the practice immediately took steps to ensure that their processes were updated.

### Any additional evidence

- Significant events were reviewed on a regular basis to identify possible trends. No trends had been identified at the time of inspection.

## 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) <small>(NHSBSA)</small>	0.93	1.02	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	79.9%	77.9%	79.5%	Comparable to other practices

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)				
<b>QOF Exceptions</b>	<b>Practice Exceptions</b>	<b>Practice Exception rate</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	17	4.1%	8.5%	12.4%
<b>Indicator</b>		<b>Practice performance</b>	<b>CCG average</b>	<b>England average</b>
		86.8%	78.1%	78.1%
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)				
<b>QOF Exceptions</b>	<b>Practice Exceptions</b>	<b>Practice Exception rate</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	18	4.4%	7.0%	9.3%
<b>Indicator</b>		<b>Practice performance</b>	<b>CCG average</b>	<b>England average</b>
		87.7%	82.5%	80.1%
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)				
<b>QOF Exceptions</b>	<b>Practice Exceptions</b>	<b>Practice Exception rate</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	45	10.9%	10.9%	13.3%

<b>Other long term conditions</b>				
<b>Indicator</b>		<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
		82.2%	80.6%	76.4%
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)				
<b>QOF Exceptions</b>	<b>Practice Exceptions</b>	<b>Practice Exception rate</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	0	0	8.7%	7.7%
<b>Indicator</b>		<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
		91.1%	88.4%	90.4%
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)				
<b>QOF Exceptions</b>	<b>Practice Exceptions</b>	<b>Practice Exception rate</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	5	2.2%	10.2%	11.4%
<b>Indicator</b>		<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
		86.4%	83.4%	83.4%
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)					
QOF Exceptions	Practice Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	12	1.2%	3.3%	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)		71.4%	89.3%	88.4%	Variation (negative)
QOF Exceptions	Practice Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	1	1.2%	6.9%	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)	62	63	98.4%	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)	49	50	98.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	49	50	98.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have completed immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	48	50	96.0%	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 within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	73.3%	74.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last	68.5%	69.5%	70.3%	N/A



36 months (3 year coverage, %) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.4%	56.4%	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)	41.7%	66.4%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	94.1%	92.0%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 1	<b>Practice Exception rate</b> 2.9%	<b>CCG Exception rate</b> 11.2%	<b>England Exception rate</b> 12.5%
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	94.1%	91.7%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 1	<b>Practice Exception rate</b> 2.9%	<b>CCG Exception rate</b> 10.0%	<b>England Exception rate</b> 10.3%
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	91.8%	84.1%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exceptions</b> 7	<b>Practice Exception rate</b> 10.3%	<b>CCG Exception rate</b> 5.7%	<b>England Exception rate</b> 6.8%

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QOF score (out of maximum 559)	554	538	539
Overall QOF exception reporting	3.5%	5.1%	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: N/A</p> <p>Any further comments or notable training.</p> <p>The practice induction programme for all levels of staff was comprehensive. New members of staff were given additional support during their induction period through the appointment of another member of staff to act as a mentor.</p> <p>The appraisal system was detailed and clearly identified the needs of staff.</p> <p>The practice had an enabling attitude to staff development and had supported staff career development. In addition the practice employed apprentice posts in the administration and reception team.</p>	

## Coordinating care and treatment

Indicator	Y/N
The practice 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)	98.0%	95.5%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate
	7	0.4%	0.5%	0.8%
Indicator	Practice	CCG average	England average	England comparison
Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (01/04/2016 to 31/03/2017) (PHE)	71.4%	50.5%	51.6%	Comparable to other practices

Any additional evidence
<ul style="list-style-type: none"> <li>The practice demonstrated a systematic approach to tackling areas of lower than average performance and put in place measures for improvement. For example, in 2016/17 the percentage of patients with cancer, who had a patient review recorded as occurring within 6 months of the date of diagnosis, was 42% this was significantly below the CCG average of 66% and the national average of 71%. The practice had reviewed this and put in place measures to improve this. Recent unverified data shared with us by the practice showed that the performance for 2017/18 was 95%.</li> <li>The practice had developed a whole team approach to the delivery of services for patients with long-term conditions. Each long-term condition had a GP, nurse and health care assistant appointed to deliver care. These clinicians worked closely together to deliver care. This approach gave continuity of care and built resilience within the practice.</li> <li>The practice had set a target to achieve a minimum of two in-house clinical audits per year.</li> </ul>

## Caring

### Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	17
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, National GP Patient Survey	<p>The practice accessed feedback from a range of sources which included the National GP Patient Survey, NHS Friends and Family Test, NHS Choices as well as via comments and complaints made by patients.</p> <p>We saw evidence that the practice formally analysed patient feedback and had developed action plans to tackle areas of perceived poor satisfaction.</p>

	Patients on the day told us that they were very satisfied with the serviced they received at the practice and this was mirrored by the National GP Survey results and feedback via the NHS Friends and Family Test.
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### National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,868	320	5%	117	37%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	83.4%	77.1%	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)	92.1%	87.6%	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)	95.0%	94.8%	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)	90.5%	83.6%	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)	97.3%	91.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.9%	90.6%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
Various	The practice carried out patient satisfaction surveys of patients with long-term conditions. For example, surveys had been carried out in relation to diabetes and prostate cancer. Results were positive and showed high satisfaction levels.

Any additional evidence
Interpretation services were available for patients who did not have English as a first language. In addition staff within the practice could also support patients in some other additional languages and a hearing loop was available to assist those with a hearing impairment.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We discussed with patients how the practice involved them in decisions regarding their care. All the patients we spoke with said that practice staff took time to talk with them about care options and actively involved them in deciding on decisions about the care and treatment they received.

### 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)	90.4%	84.4%	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 (01/01/2017 to 31/03/2017) (GPPS)	84.2%	79.8%	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)	94.5%	90.1%	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)	94.9%	84.4%	85.4%	Comparable to other practices
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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 118 patients who acted as carers to others. This represented 2% of the practice list. Carer's information was available in the waiting room on a themed noticeboard.
How the practice supports carers	Carers were offered additional support via signposting to other organisations and were able to access flu vaccinations.
How the practice supports recently bereaved patients	Staff told us that if families had experienced suffered bereavement they could contact the practice for support such as to book an appointment to access advice or signposting to other services. It was left to the discretion of individual GPs as to whether they would contact individuals and families directly. The waiting area and the practice website had information and advice to support the recently bereaved.

## 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	Staff were acutely aware of the importance of patients' dignity, confidentiality and respect. It was noted that the location of the reception desk meant that there could be a lack of privacy and confidentiality when patients attended this area. Staff were aware of this and took efforts to ensure that wherever possible confidentiality was maintained. For example, when not in use to sliding window to reception to closed so telephone conversations could not be overheard. In addition reception staff knew that if patients wanted to discuss a sensitive or private issue they could offer them a separate room in which to discuss their needs.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
Patient interview	We were informed by a patient that they felt that their confidentiality and dignity was respected by the practice, and that all staff were friendly and supportive.
Care Quality Commission Comment Cards	Many of the cards received on the day of inspection recorded that patients felt cared for and were treated with dignity and respect by staff.

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-20:00
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available	
Monday	08:30 - 10:50 and 15:30 - 17:45
Tuesday	08:30 - 10:50 and 15:30 - 17:45
Wednesday	08:30 - 10:50 and 15:30 - 17:45 and 18:30 - 20:00
Thursday	08:30 - 10:50 and 15:30 - 16:30
Friday	08:30 - 10:50 and 15:30 - 17:45
Extended hours opening	
Wednesday	18:30-20:00

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	
<ul style="list-style-type: none"> <li>The practice triaged requests for home visits against clinical need. In addition to this the patient record identified vulnerable patients who may have difficulties accessing services and also made this a consideration.</li> <li>Services were delivered to patients in residential care settings on a regular basis.</li> </ul>	

## 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)	86.8%	78.9%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	77.7%	65.5%	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)	61.9%	71.4%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	73.3%	68.4%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices, patient interviews	<ul style="list-style-type: none"> <li>Patients on the day told us that they were able to access appointments and services easily and that they found the telephone system easy to use.</li> </ul>

## 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.	6
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6



Number of complaints referred to the Parliamentary and Health Service Ombudsman	1
<b>Additional comments:</b>	
The complaints procedure was clear and the process was well understood by all staff. We were told by the practice that they viewed complaints as a learning opportunity and shared this learning with staff and instigated new operating processes when these were identified post investigation.	

<b>Any additional evidence</b>
<ul style="list-style-type: none"> <li>• The practice had open access appointments available on a Monday 8am to 10am, between these times patients can call the surgery and receive an appointment that day.</li> <li>• If a patient called with regard to an ongoing issue, the practice operating policy was that whenever possible this is dealt with by the clinician who was dealing with this specific issue, rather than the duty doctor. The practice felt that this improved continuity of care and safety.</li> <li>• In response to previous below average patient feedback regarding telephone access the practice had increased staffing during busy periods and set up answerphone messaging to alert patients when the prescription line was closed. Following the introduction of these actions satisfaction with regard to telephone access rose from 67% in 2016 to 78% in 2017.</li> </ul>

## Well-led

### Leadership capacity and capability

#### Vision and strategy

<b>Practice Vision and values</b>
The practice had developed a clear vision and set of values built around working with others, including patients, to develop effective and sustainable services.

#### Culture

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

Source	Feedback
Staff feedback	Staff reported that the practice was supportive, open and transparent, and that all staff worked well together to improve health outcomes for patients.
Staff feedback	Staff reported that communication within the practice was good and that relationships were positive. They felt that they could approach leaders and managers within the practice to discuss issues and identify solutions.

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

Source	Example
Staff feedback and practice feedback	Staff reported that when training needs or career development opportunities had been identified the practice sought to support them. We were informed by the practice of examples when staff have taken development opportunities or been supported to achieve additional qualifications.

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

Source	Example
Complaint from patient	Patient raised concerns of the appropriateness of medication they had received over a long period of time. A GP and clinical pharmacist reviewed the issue and found that the medication was appropriate. The practice contacted the patient and explained this to them and in addition invited the patient for an appointment to discuss this with them and give further reassurance.
Complaint from patient	Complaint received regarding the poor attitude of a staff member. The practice looked into this, apologised for the behaviour of the member of staff and discussed this further with the staff member to prevent recurrence.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Practice management	Previous relationship issues between staff members had been resolved through rearranging shifts and rotas.
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
Practice management	Training and support to staff that have had on occasion to deal with challenging situations and service users.
Practice management and staff feedback	Both managers and staff felt that the practice had an open approach to dealing with issues as they arose and sought to deal with these as soon as they were identified.

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

Source	Example
Training records	All staff had received equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical audit	Over the previous two years the practice had carried out six clinical audits, two of which were completed two cycle audits. The two cycle audit into specialist infant formulae showed that the practice clearly adhered to prescribing guidelines. The two cycle audit into the benefit of GLP-1 (medication used in the treatment of diabetes) identified areas where the

	practice could make improvements to their operating practices.
Patient surveys	There had been recent patient surveys in respect to diabetes care and prostate cancer care. Results of which were positive.

#### Examples of service developments implemented in past 2 years

Development area	Impact
Access	The practice had introduced open access appointments. Patients who contacted the practice on a Monday between 8am and 10am were given a same day appointment.
One Stop Shop	The practice operated a “One Stop” service for elderly patients. When an elderly patient has had a consultation appointment but required additional tests such as blood tests these were organised and delivered as part of the same visit. This meant the patient did not need to return to have these carried out.

#### 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	National GP Patient Survey and NHS Friends and Family Test	Action plans seen in relation to both opinion surveys. Actions taken included the recruitment of additional clinical staff and improving telephone access.
Public	Patient Participation Group (PPG)	The practice held quarterly PPG meetings and discussed service developments such as improvements to the telephone system.
Staff	Team meetings and individual appraisals	Staff training needs identified, and staff had an opportunity to discuss developing issues and concerns.
External partners	Federation discussions	The practice can input into local service developments such as extended hours provision.

#### Feedback from Patient Participation Group;

Feedback
The PPG reported that it felt that there was a very positive working relationship with the practice and that

the practice took on board its views and any concerns it may have.

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

Examples	Impact
Patient feedback via National GP Patient Survey	In light of feedback the practice had recently recruited a full-time specialist practitioner to increase appointment availability.
Patient feedback	Feedback relating to appointment access has led to the introduction of an open clinic on Mondays whereby if patients ring or attend the surgery between 8.00am and 10.00am they would be given a same day appointment. After 10.00am calls for service were triaged and if meeting the threshold of clinical need same day appointments would also be made available.

**Continuous improvement and innovation**

Examples of innovation and improvements	Impact on patients
The practice offered open access appointments on a Monday 8am to 10am when patients who called the surgery received an appointment that day.	Increased access to appointments.
The practice operated a "One Stop" service for elderly patients. When an elderly patient has had a consultation appointment but required additional tests such as blood tests these were organised and delivered as part of the same visit.	This meant the patient did not need to return to have multiple tests carried out over a number of visits.

Any additional evidence
<p>Service Improvement - The practice had a systematic approach to service improvement and had introduced new processes and working practices when they identified areas of below average performance or when patient satisfaction was low.</p> <p>Governance - There were clear responsibilities, roles and systems of accountability to support good governance and management. Staff understood these roles, and worked with others to ensure the effective management of services.</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>