

# Care Quality Commission

## Inspection Evidence Table

### Fairfield Surgery (1-3302904521)

Inspection date: 23 April 2018

Date of data download: 20 April 2018

## Safe

### Safety systems and processes

Source	
There were lead members 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

<b>Recruitment Systems</b>	
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

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 10/01/18
There was a record of equipment calibration Date of last calibration:	Yes 20/11/17
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	N/A
Fire risk assessment  Date of completion	Yes 09/04/18
Actions were identified and completed. The fire risk assessment had only just taken place. Three actions had been identified and arrangements made for outside agencies to complete them. The previous assessment in 2016 had required far more extensive actions and all had been completed.	Partial
Additional observations: The practice had also had a Legionella risk assessment carried out. An outside agency came in monthly to carry out temperature testing. Some remedial plumbing work had been arranged to coincide with other building works.  An asbestos risk assessment had been carried out, no action was required 11/01/16  Electrical installation certificate 09/12/15	Yes
<b>Health and safety</b> Premises/security risk assessment?  Date of last assessment:	Yes  18/09/17
Health and safety risk assessment and actions Date of last assessment:	Yes 18/09/17
Additional comments: The premises risk assessment was included in the health and safety risk assessment.	

Security was incorporated in to other policies and guidance.	
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<p><b>Infection control</b></p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>For example sharps bins had been fixed to walls in response to the waste management audit.</p>	<p>Yes</p> <p>28/03/18</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</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.	Partial
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:  Reception staff were aware of 'red flag' symptoms and when to alert clinical staff. However they were not aware specifically of sepsis.	

## 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)	1.03	1.03	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)	11.8%	8.5%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	No
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	No
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration and balance checks.	Yes
Disposal of patients return CD medicines were in line with national guidance.	Yes
Disposal of stock CDs were in line with national guidance	No
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.	N/A
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	Yes
The practice had a defibrillator	Yes

Both were checked regularly and this was recorded.	
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> <li>• The practice did not audit the prescribing of CDs. Dispensary staff referred patients that requested CDs too frequently to GPs for a review.</li> <li>• Staff were not clear of the process for the destruction of stock CDs. They did not know that they required a Controlled Drugs Accountable Officer (CDAO) to attend the destruction of CDs. However, the practice was responsive to our findings and has since contacted their local CDAO. The practice now has contact details of their local Authorised Witness. The Dispensary Lead GP has provided us with three standard operating procedures for the destruction of CDs which reflect correct practice. The GP has informed us that staff have been made aware of these SOPs and the practice is reflecting on this issue as a significant event.</li> <li>• No patients or staff were harmed or placed at risk by the practice destroying their own expired stock. The expired stock destroyed was a very small amount and it was recorded and witnessed by practice staff. There was no evidence of diversion of CDs or mis-intent.</li> </ul>	



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
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. 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.	N/A
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats for example large print labels, braille labels and information in variety of languages.	Yes If requested in advance
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Additional notes:</p> <p>The practice had reliable systems for appropriate and safe handling of medicines.</p> <ul style="list-style-type: none"> <li>• The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.</li> <li>• The practice kept prescription stationery securely and monitored its use.</li> <li>• Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.</li> <li>• Arrangements for dispensing medicines at the practice kept patients safe.</li> <li>• The dispensary service was led by a GP and dispensing was carried out by suitably qualified staff.</li> <li>• Dispensary staff asked patients about how they took their medicines or if they had any concerns. Issues identified were referred to the GP.</li> <li>• Dispensary staff managed the process for patients ordering repeat medicines. Patients taking high risk medicines, requiring extra monitoring, were appropriately referred to the GP.</li> <li>• Staff disposed of unwanted and expired medicines safely.</li> <li>• Dispensing errors and near misses were recorded. Staff were encouraged to share the lessons learnt. Changes to practice were made to minimise any risk of further occurrence.</li> <li>• There was a system for receiving and acting on medicine safety alerts.</li> </ul>	

## 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.	Six
Number of events that required action (or learning)	Six

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

Event	Specific action taken
Baby wriggled while immunisations were being given and led to the needle pulling out of the child and vaccine being spilt.	Advice sought from external immunisations team and vaccine given again. This was discussed at a nurses meeting and current advice was disseminated to all relevant staff.

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 a clear system in place for management of safety alerts. We looked at the last three alerts and all were appropriately managed and findings recorded, retained and disseminated to appropriate staff members.</p> <p>We also saw that there was a system for recording, discussing and learning from any dispensary errors or near misses.</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)	0.80	1.38	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)	88.3%	80.1%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (18)	9.8%	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)	78.2%	77.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.1% (24)	7.8%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	86.3%	82.0%	80.1%	Comparable to other practices
QOF Exceptions	18.7% (37)	14.1%	13.3%	

<b>Other long term conditions</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	76.8%	75.2%	76.4%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (9)	12.6%	7.7%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	93.3%	92.3%	90.4%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.4% (17)	13.3%	11.4%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	80.4%	82.6%	83.4%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (27)	3.0%	4.0%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	87.1%	86.0%	88.4%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (3)	6.2%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	27	30	90.0%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	30	35	85.7%	Below 90% Minimum (variation negative)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	30	35	85.7%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	30	35	85.7%	Below 90% Minimum (variation negative)

Any additional evidence
The results for three out of four of the categories for childhood immunisations were below the 90% target. All were the same and accounted for five patients out of 35 not receiving immunisations in each category. The surgery had changed their practice in the previous six months so that the parents or guardians of any patients that failed to attend for their immunisations following three reminders would receive a further reminder directly from the surgery and signed by their GP.

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 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	77.0%	74.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.2%	72.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	66.1%	58.4%	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)	60.0%	73.4%	71.2%	N/A
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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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	100.0%	87.9%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (2)	11.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	80.0%	85.7%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (1)	9.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	84.2%	84.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (3)	7.3%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	545	539
Overall QOF exception reporting	5.2%	5.8%	5.7%

Any additional evidence
The previous partnership was deregistered with CQC in February 2016. The current senior partner

registered as an individual practitioner at that time and his two previous partners left at the end of March 2016. The practice formed the current partnership of two partners in March 2017. The QOF data was collected between 1 April 2016 and 31 March 2017. The current junior partner joined the practice as a salaried GP in 2015. The legal entity was individual provider in the period from February 2016 to March 2017. However both current partner GPs were working at the practice as partner and salaried GP without any other partner during the period that the QOF data refers to and we therefore refer to this data set in the report.

The practice did provide CQC with copies of as yet unpublished and unverified QOF data for 1 April 2017 to 31 March 2018 and this data was similar to the data from 2016 to 2017. For example:

The percentage of patients with dementia who had a face to face review carried out was 87%.

The percentage of patients with asthma having a review in the last 12 months was 76%.

The percentage of patients with cancer reviewed within six months of diagnosis was 83%.

The percentage of patients with mental health problems whose alcohol consumption had been recorded in the preceding 12 months was 94%.



## 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

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <b>(01/04/2016 to 31/03/2017)</b> (QOF)	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	91.6%	94.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (28)	0.7%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	81.3%	67.3%	51.6%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	20
Number of CQC comments received which were positive about the service being caring	20
Number of comments cards received which were mixed about the service being caring	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
Comments cards  Sent to CQC	All of the cards were positive about the service. It was frequently described as excellent and patients said that they were treated with respect and kindness. Staff were considered to be helpful, caring and kind.

## National GP Survey results

Comment
The previous partnership was deregistered with CQC in February 2016 and the current senior partner registered as an individual practitioner at that time. The practice formed the current partnership of two partners in March 2017. The current junior partner joined the practice as a salaried GP in 2015. Although the legal entity was individual provider in the intervening period, both current partner GPs were working at the practice during the period that the QOF data refers to and we therefore refer to this data set in the report.

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,083	217	5.3%	126	58.06%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	92.8%	81.2%	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)	96.4%	90.2%	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)	100.0%	95.6%	95.5%	Variation (positive)
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)	92.0%	86.0%	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)	95.5%	91.0%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient	93.5%	91.1%	90.7%	Comparable to

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

Date of exercise	Summary of results
February 2017	Dispensary survey. Practice had been running a series of recurrent surveys in conjunction with the patient participation group (PPG). In the original 2015 survey 31 patients had reported issues with obtaining their prescriptions on this occasion it was three.

Any additional evidence
A practice patient satisfaction survey was run in July 2017. One issue highlighted was whether the practice could introduce evening/Saturday opening. Because of GP recruitment and retention difficulties over a period of time, it was felt that it would be a struggle for the practice to provide staff to cover extended hours access. However it was something they were reviewing in collaboration with their federation partners. (The federation was a group of local GP surgeries).

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke to five patients in total all of whom felt that the quality of care was very good and 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.9%	86.9%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.8%	82.4%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.6%	90.3%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.6%	85.3%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes if requested from reception staff they could be obtained.

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	49 carers were identified, which was 1.2% of the practice population.
How the practice supports carers	Carers are identified and flagged on the computer system.  The practice signposts carers to the local carers support organisation and a member of the organisation attends the multi-disciplinary team (MDT) meetings.
How the practice supports recently bereaved patients	GPs phone relatives around two days after a bereavement and arrange to see them if appropriate.  All staff are made aware of recent deaths and look out for and engage with family members as appropriate.



## 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	<p>The reception desk was in a vestibule divided from the waiting room and the entrance porch by glass doors. Patients were asked to stand back if someone was at the desk while waiting to improve confidentiality.</p> <p>Telephone calls were taken at the back of the reception office and staff were trained not to use the patients name while talking to them.</p> <p>Patients could be taken in to a private area to discuss confidential matters.</p>

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
Comment cards	Many examples of positive feedback about GPs nurses, the dispensary and reception/ administration staff a typical example described staff as being thoughtful and caring. Patients felt that the team were helpful and treated them with respect.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:25-12:30
Monday	13:30-18:30
Tuesday	08:25-12:30
Tuesday	13:30-18:30
Wednesday	08:25-12:30
Wednesday	13:30-18:30
Thursday	08:25-12:30
Thursday	13:30-18:30
Friday	08:25-12:30
Friday	13:30-18:30
Appointments available	
Extended hours opening	

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	
<p>Requests for home visits were recorded in the appointments book along with the patient's symptoms. These could then be seen on the GPs screen. The GP would phone the patient themselves prior to the visit if appropriate.</p> <p>Reception staff had been trained as to symptoms that would be of concern and would message the GP or phone through to them if they felt there was an urgent need for medical attention.</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. <b>(01/01/2017 to 31/03/2017)</b>	79.0%	81.2%	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?" <b>(01/01/2017 to 31/03/2017)</b>	94.9%	73.8%	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 <b>(01/01/2017 to 31/03/2017)</b>	80.7%	77.9%	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 <b>(01/01/2017 to 31/03/2017)</b>	87.3%	77.0%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
CQC share your experience online questionnaire	There were 12 online questionnaires returned to CQC. All were very positive about the medical and nursing care received. Five of the 12 also mentioned some concerns such as issues in reception, and there not being a dispensary open in the area at weekends.

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.  
Yes

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

<b>Complaints</b>	
Number of complaints received in the last year.	8
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice complaints advice leaflet which was available from reception or on the website contained clear advice on how to take the complaint further. This included how to access the complaints advocacy service and the details of the ombudsman. However these details were not always included in letters to the patient when responding to complaints.	

# Well-led

## Leadership capacity and capability

### Vision and strategy

#### Practice Vision and values

The practice had a clear vision to provide high quality accessible medical services to the local population as close to their homes as possible. To work with local community services to ensure patient' needs are met efficiently. To work with the local CCG and NHS England and provide a value for money services and ensure efficient use of resources. The statement was found in the patient leaflet which was available in the surgery and on the practice website. Copies of the statement were clearly visible on the walls in each room.

### Culture

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

Source	Feedback
Staff	Staff that we talked to said that the whole practice worked as a team. They attended whole practice meetings where changes were discussed and their opinions were sought. They felt comfortable approaching the GPs and managers with concerns or questions and they found the environment supportive. The practice had an open door policy.
Feedback to CQC.	Feedback from staff from an outside agency which worked with the team at Fairfield Surgery called to advise CQC that the whole team worked to achieve the best outcome for the patients. They felt that dignity and respect were shown to patients and communication with other services was very good and consistent.

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

Source	Example
Staff	Reception staff suggested, at a reception meeting, changes to the ways that prescriptions were stored. The practice changed the system with a plan to review it in three months. However, after trialling the revised system for three months all staff agreed to revert to the original system.

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 a patient.	An example of a complaint that we saw was from a patient who was unhappy at the management of their prescription in the dispensary. We saw that the practice investigated and responded with a letter to the patient containing an apology and explanation of the action taken. The issue was discussed at a dispensary meeting. The management of the complaint took place in a reasonable time frame.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	A 'raising issues' concern was raised by staff which was dealt appropriately by the practice.
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
Management and staff	The practice offered access to occupational health services.
	A patient ran yoga classes for the practice staff.
	The practice had a 'stress at work' policy.
	The staff socialised quite regularly and the practice provided a social event at Christmas.

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

Source	Example
Documentation	There was an Equality and Diversity policy in place. The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.
Manager and staff	There was a range of ages amongst the staff and a recognition that people of different ages often contributed different but complementary skills and experience within the practice team.

### Examples of actions to improve quality in past year

Area	Impact
Reception management	There was continuation of an overhaul of how reception was administered. Staff were trained to be multi-skilled for example all were trained to code notes. Paper communications were replaced by auditable electronic communication.

### Examples of service developments implemented in past year

Development area	Impact
Chronic disease management	The practice continued to develop a surgery specifically for the management of patients with complex chronic conditions. Appointments were 30 minutes long and all issues were dealt with at the same appointment where possible.

### 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	Patient participation group (PPG)	The PPG were very active carrying out regular surveys for the practice and being involved in joint health promotion initiatives with the practice.
Public	The Friends of Fairfield Surgery	The Friends provided a volunteer transport service to help patients with mobility problems get to the surgery. We were told that patients were very grateful for this as local public transport was limited due to the surgeries rural location. The Friends

		also raised money for equipment for the surgery such as a blood pressure monitoring unit in the waiting room.
Staff	Annual appraisals, regular staff meetings, one to one discussions.	Staff suggestions were regularly discussed and implemented where appropriate. Appropriate training identified by staff has been provided.
External partners	Multi-disciplinary team (MDT) meetings	There were monthly MDT meetings which included representatives from the district nursing team, social services, specialist nurses, social services hospice teams and a carer support organisation.
	Federation	The practice were part of a local group of GP practices that regularly met and pooled ideas and resources. The practice managers also met monthly to share and discuss ideas.

### Feedback from Patient Participation Group;

#### Feedback

The Patient Participation Group consisted of eight committee members and approximately 200 virtual members. They felt they had a good relationship with the practice and the practice were very helpful and did address issues that they raised. They carried out regular surveys, the results of which were published on the practice website and discussed with the practice. They were involved in several joint initiatives with the practice.

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

Examples	Impact
The PPG were very active carrying out regular surveys for the practice and being involved in joint health promotion initiatives with the practice. In 2017 they devised a 'steps map' of walks around Burwash and Etchingham to promote improvements in physical and mental health. This can be found on the practice website. They also worked with two students who helped them design a social media page. They had also produced a leaflet and run a talk advising patients about screening as part of a joint venture with the practice as well as other similar initiatives.	The initiatives encouraged regular exercise and the uptake of screening services amongst patients. The social media page heightened public awareness of the activities of the PPG and the practice.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice were part of a pilot scheme in conjunction	Improved data protection systems and efficiencies within the practice.



<p>with the clinical commissioning group (CCG) and local medical committee (LMC) looking at data protection and flow. If successful this would be rolled out across other practices.</p>	
<p>The practice were involved in setting up a federation with six other rural practices. The practice shared in six monthly GP meetings, three monthly meetings of nurses and HCAs and monthly practice manager meetings. The practices in the federation shared learning and peer review and designed a training package and training analysis tool.</p>	<p>Patients and staff benefited from economies of scale and also 'best practice' being shared. The federation ensured representation for smaller practices (and therefore their patients) at various forums such as the LMC (local medical committee), CCG board and redevelopment and design committee and practice operational committee.</p>

<p><b>Any additional evidence</b></p>
<p>The practice had a history of health campaigning each year in conjunction with the PPG. Previous programmes have included cancer awareness and prevention and an exercise promotion program. The latest project was a diabetes prevention initiative. They were designing a diabetes prevention advice leaflet with a planned launch later in the year including a talk by the diabetic team.</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>