

# Care Quality Commission

## Inspection Evidence Table

### Sherwood Rise Medical Centre (1-541765698)

Inspection date: 2 May 2018

Date of data download: 30 April 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member 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)	Y
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
Explanation of any 'No' answers:	

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
There was a record of equipment calibration Date of last calibration: March 2018	Y
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	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: December 2017	Y
Actions were identified and completed.	Y
Additional observations: There is a nominated staff member for fire. They oversee all aspects of fire prevention at the practice.	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: May 2017	Y
Health and safety risk assessment and actions Date of last assessment: May 2017	Y
Additional comments:	

Infection control	Y/N
<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>A full infection control audit had been carried out by the Clinical Commissioning Group (CCG) on 30 September 2016. This had been reviewed and updated by the practice at regular intervals (September 2017 and March 2018). These updates confirmed actions taken and showed improvements achieved. The CCG advised they would be carrying out a further full infection control audit in June 2018.</p>	<p>Y</p> <p>30/9/2016</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any 'No' answers:</p>	

Any additional evidence

## 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	Y
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.	N
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
<p>Explanation of any 'No' answers:</p> <p>Reception staff had received training in emergency first aid and were alert to signs of patients who might be acutely unwell. However, they had not received specific training on sepsis. The practice nurse was due to attend a sepsis training course in June 2018 and following this would be taking a lead role for sepsis in the practice, including leading on staff training.</p>	

## 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 needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any 'No' answers:</p>	

## Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	0.92	0.91	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)	2.8%	7.5%	8.9%	Significant Variation (positive)

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).  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.	
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 medicines/medical gases	Y
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.	13
Number of events that required action	13

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

Event	Specific action taken
Incorrect immunisation given to a child, rather than the booster they were due.	Immediate action taken with the event logged and reviewed. Learning points were identified and actioned.
Diabetes diagnosis delayed.	Clinical guidelines were reviewed by the GPs. Patients with raised glucose levels were reviewed and invited for repeat blood tests.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>At a previous inspection on 22 and 30 August 2017 we found the arrangements in respect of responding to alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were not adequate. We issued a warning notice in respect of this and found arrangements had significantly improved when we undertook a follow up inspection on 8 January 2018.</p> <p>During this inspection on 2 May 2018 we confirmed the practice had maintained their arrangements for recording and acting on alerts and they responded appropriately upon receipt of this information.</p>	

Any additional evidence



# 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)	0.64	0.77	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)	83.3%	70.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.8% (88)	11.3%	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)	84.6%	75.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (26)	8.6%	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)	84.6%	76.7%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (32)	12.1%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	82.2%	75.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (7)	7.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	98.4%	86.0%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (3)	10.7%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	86.1%	82.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (22)	4.1%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	100.0%	88.6%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (3)	13.3%	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)	66	71	93.0%	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)	81	93	87.1%	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)	83	93	89.2%	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)	79	93	84.9%	Below 90% Minimum (variation negative)

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)	67.3%	72.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.7%	68.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	48.3%	52.3%	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)	50.0%	61.8%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	94.9%	88.1%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (1)	13.5%	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)	95.0%	89.1%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	11.6%	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)	100.0%	85.1%	83.7%	Significant Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.9%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	559	521	539
Overall QoF exception reporting	6.9%	5.7%	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.	Y
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.	N
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>There had been no new Health Care Assistants (HCAs) employed since April 2015, but the practice were aware of the Care Certificate and confirmed this would be incorporated into the induction of any newly employed HCAs.</p>	

## Coordinating care and treatment

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

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.7%	95.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (2)	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)	75.0%	54.8%	51.6%	Comparable to other practices

## Description of how the practice monitors that consent is sought appropriately

Written consent forms were used to confirm patient consent for minor surgery and clinicians checked these forms were in place before proceeding with any treatment. All staff had received training in consent and the Mental Capacity Act.

## Any additional evidence

Childhood immunisations rates were below the target percentage of 90% or above. There was a drive to increase uptake rates and the practice were working closely with local health visitors to help achieve this, including completing immunisations at short notice when requested to do so by a health visitor.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	33
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
Comments cards	<p>Comment card feedback relating to how caring the service was all positive. Examples of feedback included;</p> <p>“Very good service all round.”</p> <p>“I have been treated with respect and care.”</p> <p>“The staff have been approachable, polite and helpful with queries raised.”</p> <p>“I feel welcome every time I come.”</p>

### National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,778	382	1%	82	21.47%

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)	59.0%	77.6%	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)	80.2%	87.5%	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)	89.8%	94.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient	70.9%	84.2%	85.5%	Comparable to

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)				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)	82.8%	89.5%	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)	80.8%	88.7%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Date of exercise	Summary of results
December 2017	<p>The practice carried out their own patient survey using a questionnaire with 22 questions, which were similar to those in the GP national patient survey.</p> <p>The results had been analysed and captured in a feedback and action plan document, which the practice had used to review their progress and summarise key satisfaction areas. In relation to how caring the service was the survey demonstrated that patients found staff at the practice helpful and that they received useful information from them.</p>

Any additional evidence



## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	<p>"I get treated well and I get listened to."</p> <p>"I find that the staff are very informative, supportive and listen to me."</p> <p>"The doctors respect patients and try to give good advice."</p>

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	81.5%	85.0%	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)	68.1%	81.1%	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)	85.5%	89.4%	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)	76.0%	83.4%	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	The practice had identified 51 patients as carers which was equivalent to 0.9% of the practice's patient list. This was an increase from the figure of 0.6% at our inspection on 22 and 23 August 2017.
How the practice supports carers	<p>A member of the administrative team was the carers champion for the practice. Their role included reviewing and updating the practice's carers list, promoting better identification of carers in the practice and ensuring there was up to date and relevant information available for carers.</p> <p>Patient information was available on a carers' noticeboard in the waiting area and on the practice website and gave details about how to access support groups and organisations.</p> <p>The practice were in the early stages of planning a carers event, due to take place over the summer. Their aim was to invite carers to attend for an informative and sociable event, where they could find out about local services and meet other carers.</p>
How the practice supports recently bereaved patients	<p>When families experienced a bereavement the patient's usual GP would contact family members or carers, if it was felt appropriate to do so, and offer any support they felt might be beneficial.</p> <p>In circumstances where family members came to the practice to collect a death certificate leaflets about bereavement support were included.</p>

## 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	<p>The practice had made changes to the reception desk area which had seen improvements for patients. Previously a glass partition had sometimes made discussions between reception staff and patients difficult, causing them to need to speak more loudly.</p> <p>To help protect the privacy of patients the glass partition had been removed which meant receptionists and patients could now speak to each other more easily and in more discrete tones.</p>

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
Examples of specific feedback received:	

Source	Feedback
Comment cards	<p>"Reception staff are really kind and helpful."</p> <p>"The staff and doctors are all understanding."</p>

## Responsive

### Responding to and meeting people's needs

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

Appointments available	
During our inspection we checked appointment availability. There were appointments available on the day for any urgent issues. Pre bookable appointments were available in two weeks' time.	Y
Extended hours opening	
Extended hours GP appointments were available at the CCG wide extended hours hub, based a short distance away in Nottingham city centre. Patients could book these appointments via Sherwood Rise Medical Centre. To offer flexibility for children at school and working patients appointments with a nurse were available once per week in the early morning and late afternoon.	Y

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	
There were alerts on the electronic patient record system to show patients who were unable to visit the surgery themselves. When reception staff received a request for a home visit they gathered the details and passed the information to the relevant GP to assess urgency. The practice explained that in the vast majority of cases home visits were made on the same day.	

## 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)	76.9%	79.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	67.3%	70.3%	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)	78.9%	73.5%	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)	71.0%	70.9%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
Comment cards	<p>"Staff are pleasant when I call to make appointments and are helpful."</p> <p>"It is a good surgery and it is possible to get appointments within reasonable periods."</p> <p>"The appointment system is ok but sometimes I would like an appointment sooner."</p> <p>"Appointments are on time most of the time."</p>
Practice's own patient survey December 2017	<p>Questions had been included in the practice's own patient survey to assess satisfaction levels in relation to access to appointments. For example, the results showed patient satisfaction with the length of time waiting to check in for their appointment had improved significantly since the practice's previous own patient survey. The practice attributed this improvement to changes to the reception desk area which had meant two reception staff could now be on the reception desk at any one time (previously only one member of staff) and the introduction of an electronic check in screen for patients own use.</p>

## 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.	7
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:
When the practice received a complaint from a patient they took action and provided the patient with a written response. The practice also reviewed NHS Choices information and any negative comments were treated as complaints, even though the practice were unable to respond directly to the complainant due to the anonymous nature of their comment on NHS Choices. This showed the practice took a proactive approach to feedback received.

Any additional evidence
The practice offered minor surgery services for their patients, and for patients registered at other nearby practices.

# Well-led

## Leadership capacity and capability

### Example of how leadership, capacity and capability were demonstrated by the practice

The practice had responded positively to our previous inspections. Concerns identified during our comprehensive inspection in August 2017 had been addressed and improvements achieved. Improvements found at our follow up inspection in January 2018 had been sustained.

During this inspection we received feedback to reflect these improvements. Staff and patient participation group members commented they had seen positive changes and improvements over the last 12 months. For example, they felt that there was better availability of appointments, fewer delays when waiting for appointments and they found staff to more helpful and friendly. Much of the feedback we received commented on the positive impact the practice manager had on the running of the service.

## Vision and strategy

### Practice Vision and values

The practice had outlined their vision and values in in their statement of purpose which described their overall aims and objectives;

- We aim to ensure the practice provides high quality, safe, caring and effective services with a friendly environment.
- To monitor, audit and continually try to improve high standard of the healthcare services.
- To provide health care which is available to the whole practice population, to create a relationship between patients and health professionals which ensures mutual respect, holistic care and continuous learning and training both for staff and patients.
- The provision of accessible healthcare which is proactive to healthcare changes, efficiency and innovation and development.
- To continue to improve clinical governance and evidence based practice.
- To continue to improve clinical and non-clinical risk management.
- To always reduce risk in specific clinical risk areas and facilities
- To improve vigilance for unforeseen emergencies
- To optimise performance against key targets and core standards
- To always meet key targets and deadlines within the practice or third party organisations.
- To become a patient centred organisation.
- To safeguard both children and vulnerable adults, by ensuring that all staff attend appropriate training.
- To improve the services offered to patients.
- To improve communication between the surgery and the patients
- To recruit, retain and develop a highly motivated, happy, positive and appropriately skilled workforce.
- To enhance performance of the workforce.
- To guide the employees in accordance with the Equalities Scheme.
- To always continue the development of the Practice
- To ensure effective management and governance systems in place.
- To ensure a robust Information Technology strategy to support the business and ongoing security.

## Culture

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

Source	Feedback
Staff feedback	Staff spoken with during the inspection felt that they could easily raise any concerns or share information with senior staff in the practice. We were told that the GPs and practice manager were all approachable and willing to listen.
Staff feedback	Staff told us that they had seen a lot of change at the practice and felt this had brought about improvements in the way the service ran and in the care patients received. We were told about a continual drive to make improvements in systems and process which would bring about benefits for patients. For example, the practice had recently joined a CCG wide initiative to use electronic templates for referrals, helping to ensure all relevant information was included and avoid any delays in the referral process.
Meeting notes	There were regular practice team meetings where information was shared with staff and feedback given on recent events, including feedback on any complaints or significant events.

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

Source	Example
Refurbishment plan and staff feedback	<p>The reception desk had been changed in response to suggestions from staff when considering how to address queues at reception.</p> <p>A glass partition had been removed from the reception desk which meant two reception staff could now be on the desk at any one time (compared to only one previously) and made discussions between reception staff and patients easier. (Previously the partition had sometimes made discussions between reception staff and patients difficult, causing them to need to speak more loudly).</p>

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

Source	Example
Complaints records	The practice took action following a complaint from a patient who was dissatisfied with the outcome of a GP consultation. The patient was contacted, an apology given and a meeting held for the patient to discuss their concerns in person with the GP.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff feedback	Staff we spoke with during our inspection had not had cause to raise any concerns with the practice, but all felt confident that they could do so if they needed to and this would be listened to.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Y



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

Source	Example
Staff feedback	Comments received during the inspection demonstrated that staff felt valued and well supported. They described a friendly, welcoming place of work with approachable, supportive managers. There was a friendly atmosphere amongst the staff team and occasional staff social events.

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

Source	Example
Training records	Staff had received equality and diversity training.
Information from practice and staff feedback	Staff were supported with training to help them in their roles and to support them to develop new skills and new expertise. For example, a nurse who had previously worked in an acute setting had been supported to develop skills and knowledge relevant to primary care.  Some members of staff were multi lingual and able to speak to patients in their preferred language.

### Examples of actions to improve quality in past 2 years

Area	Impact
Responding to inspection findings	The practice had responded positively to our previous inspections. Concerns identified during our comprehensive inspection in August 2017 had been addressed and our follow up inspection in January 2018 confirmed improvements had been achieved.
Assuring the quality of patient records.	At our inspection in August 2017 we identified action was needed to ensure that all patient records were complete, legible, accurate and up to date. The practice took action in response to this and when we carried out our follow up inspection in January 2018 we found improvements had been made.  At this inspection in May 2018 we found the practice continued to use the processes they had first established to bring about the required improvements. They continued to audit record keeping and this demonstrated improvements had been sustained.

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

Development area	Impact
Extended hours	A new extended hours GP service had recently been established by the local CCG. Sherwood Rise Medical Practice had been one of the early adopters of the service, helping to trial the arrangements from March 2018, prior to its full implementation in April 2018

## 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	The practice had learnt from a significant event following an error in the recording of a medication the wrong patient's notes. Additional checks had been introduced when confirming identity to avoid a similar incident and avoid confusion when patients had similar names.
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

## Example of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Systems and procedures for the protection of vulnerable children.	The practice had reviewed the systems they had in place in relation to the safeguarding of vulnerable children. They had completed an audit of their systems and procedures using The RCGP/NSPCC Safeguarding Children Toolkit for General Practice. This had confirmed where they had appropriate arrangements in place but also helped identify areas where improvements could be beneficial. In these areas the practice had specified the actions they intended to take and timescales for this.

## 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	NHS Choices. Patient feedback forms in the waiting area. Patient Participation Group (PPG).	Information reviewed by the practice and used to help improve services. View of patients taken into account so that services can be improved in ways that matter to them. For example, improvements to appointment arrivals and calling system.

Public	Practice website. Attendance at local community events.	Improved flow of information to and from the practice. Awareness of local services and resources, for example local support and advice groups.
Staff	Accessible and approachable senior staff. Team meetings.	Open and transparent communication. Staff felt able to raise concerns and involved in service development. Staff enjoyed their roles and felt valued members of the staff team.
External partners	Regular engagement with CCG.	Implementing new ways to deliver services to help improve the quality – for example, extended hours service hub which increased the availability and choice of extended hours appointments for patients.

### Feedback from Patient Participation Group;

#### Feedback

The Patient Participation Group (PPG) met with the practice every three months. Members of the PPG told us these meetings were used to gather the views of PPG members and for the practice to consider aspects of the service from a patient perspective. The PPG felt that their views were listened to and acted on by the practice.

PPG members told us that they had seen a variety of changes over the last year which they felt was positive and had brought about improvements in the service. The PPG felt that there were some areas that would still benefit from further improvement but, overall, the service had improved very significantly over the last 12 months.

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

Examples	Impact
The Patient Participation Group (PPG) had raised concerns about queues when checking in for appointments and also the arrangements for calling patients into their appointments.	The practice had responded to this feedback by improving the reception area which included an electronic patient check in board. This had reduced queues of patients waiting at the reception desk to book in. The practice had also introduced a more efficient patient call system. Patients were notified on a large television screen when it was time for them to go to the consulting room. This minimised delays and was clearer for patients.
The PPG had asked the practice to improve the way patient information was displayed in the waiting area.	The practice had responded to this and re-arranged the way leaflets were displayed, organising information into topic areas (e.g. carers) and rotating displays to keep information fresh and interesting. They also used the newly installed television screen to display patient information, such as promoting the take

	up of health screening.
The PPG had asked the practice to improve external signage for the practice to make it easier for patients to find their way to the practice.	The practice had placed an order for new signage and were awaiting installation. This would provide clearer information for patients.
In December 2017 the practice had carried out their own patient survey.	The survey results had been analysed and captured in a feedback and action plan document, which the practice had used to review their progress and summarise key satisfaction areas. For example, the results showed patient satisfaction levels with the practice were high with 71% of respondents rating the practice overall as excellent or very good, and no respondents rating the practice as unsatisfactory.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Workflow project (management of incoming correspondence)	<p>The practice participated in a CCG wide project to improve the handling of incoming correspondence. This entailed specially trained administrative staff reviewing all incoming documents and identifying the most appropriate response. In some cases the administrative staff were able to progress the correspondence, in other cases they needed to pass these to a clinician for action. There were guidelines in place to support the screening of the correspondence and processes in place to check that appropriate actions were being taken.</p> <p>The project was helping to release some clinical time and to facilitate the swifter handling of correspondence.</p>

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

Audit area	Impact
Audit of insufficient smear results December 2017 and April 2018	<p>The December 2017 audit identified a small proportion of rejected samples due to incomplete details recorded on the sample. The audit identified this was because hand written forms had been used on a day when the electronic sample recording system was unavailable. The audit confirmed all samples had collected sufficient cells, which was an improvement on the previous August 2017 audit.</p> <p>Following the December 2017 audit, actions were implemented and a further audit completed in April 2018. This again identified a small proportion of rejected samples due to incomplete recording.</p> <p>These findings were analysed and reflected upon. Additional actions were taken to train staff and strengthen the contingency arrangements for use when the electronic system might be unavailable.</p>

A further audit was planned to assess improvement.

The audits already completed had confirmed any necessary recalls for repeat tests had been actioned.

<p>Audit of Intrauterine Contraception Device (IUD) insertions performed April 2018</p>	<p>The audit considered whether key standards for the insertion of IUDs (counselling, consent, reviews and renewals) had been adhered to. The findings of the audit highlighted some areas for improvements, which the practice discussed and actioned.</p> <p>A further audit was planned to take place to check the impact of these changes and assess improvement.</p>
<p>Audit of minor surgery January 2018</p>	<p>The practice had used this audit to check minor surgical procedures were undertaken in line with NICE guidance. This had taken into account the treatment room, equipment and consent. The audit concluded that appropriate standards were being met and it was planned to repeat the audit again in 6 months' time to ensure quality was maintained.</p>

## Any additional evidence

**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>