

Care Quality Commission

Inspection Evidence Table

Avisford Medical Group (1-562962584)

Inspection date: 20 March 2018

Date of data download: 04 May 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.	N
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	N
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Explanation of any 'No' answers: Not all staff received up-to-date safeguarding and safety training appropriate to their role. For example, some practice nurses and other clinical staff had not received level two or three training on safeguarding children. This is a requirement for clinical staff who have any contact with children, young people and/or parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person. The practice did not have its own specific policies on safeguarding children and vulnerable adults.	

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: n/a	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: April 2014	Y
There was a record of equipment calibration Date of last calibration: May 2017	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: 2014	Y
In the six-monthly fire alarm system service records the engineer stated that works were required and these had been quoted for but not yet undertaken. A fire risk assessment had not been undertaken for four years and the last one had omitted to include the fact that the practice's electrical installation safety certificate had expired.	
Health and safety Premises/security risk assessment? Date of last assessment: September 2017	Y
Health and safety risk assessment and actions Date of last assessment: March 2018 Yapton and April 2018 Middleton	Y
Additional comments: <ul style="list-style-type: none"> Not all of the safety risks had been identified. For example, at the Middleton surgery we found that the treatment rooms were not lockable from the outside. In one of the treatment rooms we saw that needles and syringes were stored in unlocked cupboards at ground level which meant that they were accessible to all staff and patients if the room was unattended. We also found that the cleaning cupboards on both sites had no locks. The cupboards contained hazardous substances which again could be accessed by patients and all staff, particularly at the Middleton surgery where the cleaning cupboard was situated in an accessible area adjacent to the waiting area. The practice told us that a lock had been ordered and would be fitted the following day. In November 2015 the practice had a risk assessment for legionella undertaken by an external company. The report from the risk assessment identified a number of high risk areas relating to the 	

lack of any effective management systems being in place to control the risk of exposure to legionella bacteria. The practice told us that they had not yet implemented any of the recommendations.

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: Unknown</p> <p>The provider acted on any issues identified:</p> <p>Detail:</p> <p>We were told that the last infection control audit identified that the sinks needed replacing in all the treatment rooms, however this work had not yet been undertaken. The practice told us that they had applied for funding to do this in 2017 but had been unsuccessful.</p>	<p>N</p> <p>N</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>
<p>Explanation of any 'No' answers:</p> <p>The practice was unable to locate their last infection control audit.</p>	

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.	N
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>The practice was not using nationally recommended sepsis clinical screening, assessment and audit tools. The practice had not undertaken any training for staff in recognising and responding to acutely unwell or deteriorating patients who may have sepsis. The reception team did have a protocol for identifying patients who required an urgent consultation; however, they had not been made specifically aware of 'red flag' symptoms of sepsis that might be reported and how to respond.</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.	Partly
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: n/a</p> <p>The practice did not have sufficient space to store records and that a number boxes of patients' care</p>	

records were currently temporarily stored in the staff room which could only be accessed by practice staff. Whilst the practice assured us that this area was only accessed by staff employed by the practice, the practice had not formally risk assessed the current storage arrangements in relation to The Data Protection Act 2018, health and safety and fire. The practice told us that they were having discussions with the clinical commissioning group about identifying alternative, additional secure storage for patient notes.

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)	0.91	0.96	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)	11.7%	10.3%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	N
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	N
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.	N

Explanation of any 'No' answers:

- Vaccines and medicines were not always stored securely. Although the fridges were locked, keys were easily accessible and rooms could not be locked from the outside.
- Blank prescription stationary was left in the printer trays during the day if consulting rooms were left unattended. This meant that there was a risk of theft and potential misuse of blank prescription stationery.
- The patient group directions (PGDs) that had been adopted by the practice to allow nurses to administer medicines in line with legislation were not always kept up to date. For example, for one practice nurse we saw that the PGDs for the administration of three medicines had expired in June and August 2017.

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.	47
Number of events that required action	22

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

Event	Specific action taken
Prescribing of hormone replacement therapy (HRT) in patients over the age of 70	The practice undertook an audit of HRT prescribing as a result of uncertainty about when HRT should and when it should definitely not be prescribed. The audit was completed as proposed and patients aged over 70 on HRT reviewed. Some patients agreed to stop the medicine. The remaining patients were consulted regarding the potential risks of continuing. As a result of the audit clinical staffs' knowledge regarding the prescribing of HRT in patients over 70 was enhanced.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y

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)	0.60	0.85	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)	84.9%	83.8%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.0% (132)	16.6%	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)	79.3%	77.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.2% (141)	14.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	82.9%	80.3%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.9% (168)	20.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QoF)	74.1%	71.6%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.3% (120)	15.8%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.9%	84.0%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.2% (57)	17.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	83.7%	81.3%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (111)	6.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QoF)	99.6%	86.0%	88.4%	Significant Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.2% (44)	8.4%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	73	76	96.1%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	58	66	87.9%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	57	66	86.4%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	56	66	84.8%	Below 90% Minimum (variation negative)

Additional information

We discussed this with the practice and they told us that they felt this was due to the fact that they had difficulties beyond their control submitting child immunisation data for 2016/17 and that the actual immunisation rates for this year were much higher. However, there was no data to verify this. They told us about the systems they have in place to monitor attendance at immunisation clinics and the follow up procedures they have for failed attendance to ensure that children are not missed.

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	75.8%	74.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.4%	72.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last	64.3%	61.2%	54.6%	N/A

30 months (2.5 year coverage, %)(PHE)				
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)	67.2%	66.0%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	93.2%	82.5%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.3% (15)	21.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.3%	85.1%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (9)	16.6%	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 (01/04/2016 to 31/03/2017) (QoF)	100.0%	80.9%	83.7%	Significant Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (9)	10.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	556	535	539
Overall QoF exception reporting	7.8%	7.2%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	N
The learning and development needs of staff were assessed	Partly
The provider had a programme of learning and development.	N
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partly
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>The practice was unable to demonstrate whether and when some staff had received up to date training in their required clinical competencies and other key areas such as basic life support, infection control, safeguarding and information governance.</p> <p>Not all staff had an appraisal of their performance during the last year. The practice's records of appraisals showed that some staff including nursing staff had not had an appraisal since 2015.</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)	94.0%	93.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (17)	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) (01/04/2016 to 31/03/2017) (PHE)	41.5%	52.4%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Practice staff showed us how they sought and recorded consent. The practice undertook audits to ensure that consent was being sought and recorded appropriately, for example an audit of seeking consent for intra-articular knee injections showed an improvement in both after a second audit cycle.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	35
Number of CQC comments received which were positive about the service	35
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Comments cards were overwhelmingly positive about the care and attention patients felt they received. They told us that staff were helpful, polite and caring and that nothing was too much trouble. They told us they were always treated with dignity and respect and that the doctors always took the time to listen. The service was frequently described as excellent. Some patients commented that it could be hard to get through on the phone and sometimes difficult to get an appointment.
Patient interviews	The patients we spoke with told us that reception staff were friendly and helpful. They told us that clinical staff were kind and compassionate.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
10500	222	2%	124	56%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	88.4%	81.9%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	93.9%	90.4%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	98.7%	96.8%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	93.3%	87.8%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	94.1%	93.6%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	93.5%	92.6%	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
2017	<ul style="list-style-type: none"> • 91% of respondents were happy with the practice's opening hours. • No major issues were raised regarding access – except that it was felt that the Yapton Surgery car park was too small. • Most patients were happy with the clinicians but only 80% were happy about the time they had to wait to be called by the GP. • Receptionists scored 86% for their politeness & efficiency.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with two patients who told us that the doctors listened to them, were compassionate and involved them in decisions about their care. They are good at explaining what they are doing and why.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	89.2%	87.3%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	87.2%	83.7%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	93.5%	91.8%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	85.4%	86.3%	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.	N
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	244 carers had been identified which represented 2% of the practice's list.
How the practice supports carers	The practice provided carers with a carers information pack and signposted them to the local support organisation for carers. There were dedicated notice boards in both surgeries with information for carers.
How the practice supports recently bereaved patients	Patients told us that the practice provided compassionate and dedicated end of life care to patients. If families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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	All reception staff were aware of the importance of confidentiality and did not ask personal questions at the front desk. Patients were taken to a private area if necessary.

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:	N/A

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	07:30 - 18:30 (Middleton Surgery opening at 07.30 for pre-booked patients as part of extended hours)
Wednesday	07:30 - 18:30 (Middleton Surgery opening at 07:30 for pre-booked patients as part of extended hours)
Thursday	08:00 - 20:00 (Yapton Surgery remains open till 20:00 for pre-booked patients as part of extended hours)
Friday	08:00-18:30
Appointments available	
	Mornings from 08:30 - 12:00 Afternoons from 14:30 - 17:30 or 18:00
Extended hours opening	
	From 07:30 on Wednesdays (MOS) Until 20:30 on Thursdays (Yapton)

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	
Receptionists took details of the patients phoning up for home visits and passed them on to the GP and the paramedic practitioner who prioritised them according to clinical need.	

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)	87.9%	81.0%	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)	83.2%	72.0%	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)	78.0%	79.6%	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)	83.2%	76.5%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Comments cards	Feedback was mixed with most patients saying they could get an appointment however some said they struggled. Some patients said they found it difficult to get through on the phone.
Patient interviews	The patients we spoke to said they found it easy to get an appointment and easy to get through on the phone if they called later on in the morning.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations.	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	20
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The practice leadership had the ability to plan for and adapt the workforce in light of recruitment difficulties. Examples included the retention of long, term locums, the successful recruitment of salaried GPs despite national shortages and the recruitment of two additional nurse practitioners to enhance the skill mix.

Vision and strategy

Practice Vision and values
The practice's vision was to ensure all patients and healthcare professionals worked together to ensure the most appropriate care was provided.

Culture

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

Source	Feedback
Staff interviews	Staff told us they worked well as a team and felt well supported in their roles by the lead GPs and the practice manager. They felt encouraged to feedback any concerns and issues they had and were confident that these would be addressed. They said that they often received thank you and well-done emails on a Friday from the lead partner. They told us they felt valued as a result.

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

Source	Example
Reception staff	As a result of staff suggestions, the practice implemented a system of being able to text patients to inform them about normal blood test results so that they received appropriate reassurance and were saved from having to phone the practice.

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

Source	Example
Significant event records and correspondence with patients	A parent raised a concern that a condition had not been picked up at their baby's routine six-week check with the GP. The incident was discussed as a significant event at the practice's clinical governance meeting and changes were made to ensure that checks for this condition were included. The parent was written to with a candid explanation of why it might have been the case that the condition was not picked up and how the practice had learned from this. The letter included an apology.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	A staff member told us about how they had raised a safeguarding concern with the GP safeguarding lead about a mother and child observed at reception. A safeguarding alert was raised and the family received additional support from social care as result.

The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Y
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Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff	<p>Staff told us that the practice arranged and paid for social events, for example at Christmas and a summer get together.</p> <p>The partners had a very caring approach to staff needing time off for illness, family commitments, routine appointments and compassionate leave. There was a culture of sending cards and flowers to staff in times of joy and sorrow.</p> <p>The practice was in the process of replacing carpets upstairs at the Yapton surgery and new desks and chairs in consulting rooms to make the working environment more comfortable for staff. Although specific workstation risk assessments had not been undertaken the partners responded to any requests for office equipment such as spacers to raise monitors and screens, wrist rests, special seating and foot-rests to make the work station more comfortable and safe for staff.</p> <p>The practice installed a new telephone system in 2017 which enabled the practice to deal with instances where patients were abusive to staff on the telephone. Calls could now be recorded enabling appropriate action to be taken to protect staff from further abuse. As part of the new system, the practice also purchased several head-sets to make it easier and more comfortable for reception staff when taking calls.</p>

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

Source	Example
Staff	Staff told us they had completed on line training on equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
Respiratory disease	The practice purchased two new spirometers to ensure compliance with NICE guidelines.
Reception	The practice had upgraded the telephone system allowing more efficient deployment of front-desk staff.

Examples of service developments implemented in past 2 years

Development area	Impact
Care Homes project	The practice held training events for care home staff to help improve the effectiveness of care provided to patients in residential care. It had introduced NHS mail for care homes for safe, secure and accurate communication.
Frailty Project	The practice worked with a multi-disciplinary team to help identify frail, older patients at risk of admission to hospital. Person centred care plans were developed with patients and the practice could demonstrate hospital admission avoidance by providing timely access to care in the community.

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	There was evidence that the practice shared learning from complaints and significant events.
Practice specific policies	We were unable to locate key practice policies, for example in relation to safe guarding, infection control and medicines management. Many policies were out of date and appeared to have not been reviewed for several years. For example, in relation to health and safety policies and protocols which had not been reviewed since 2015. The practice manager told us that these policies were still current, however the practice did not have a version control system for its policies which provided an audit trail of review and updates.
Staff were able to describe the governance arrangements	Partly
Staff were clear on their roles and responsibilities	Y

Additional information

We were told that practice policies and procedures could be accessed by all staff in policy folders on the practice's shared computer drive. However, the staff we spoke with on the day of the inspection were unable to locate the policies we asked for. For example, on the day of the inspection the practice was unable to locate or provide evidence that they had key policies in place such as safeguarding children and vulnerable adults, infection control and medicines management. We saw that the policy folders often contained out of date documents not related to policy which made them difficult to navigate. The practice did not have a version control system for its policies which provided an audit trail of review and updates. This meant staff did not always have up to date, appropriate policies and guidance on carrying out their roles in a safe and effective manner and which reflected the requirements of the practice.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Security	A general security risk assessment was carried out in 2011 and updated in 2017.
Fire	A fire risk assessment had not been undertaken since 2014 and had omitted to include the fact that the practice's electrical installation safety certificate had expired.
Legionella	In November 2015 the practice had a risk assessment for legionella undertaken by an external company. The report from the risk assessment identified a number of high risk areas relating to the lack of any effective management systems being in place to control the risk of exposure to legionella bacteria. The practice told us that they had not yet implemented any of the recommendations.

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	Patient participation group (PPG)	The practice met every six weeks with the PPG which meant patients had a voice in the running of the service.
Public	Patient Survey	The practice undertook regular surveys of patient views which it acted on.
Staff	Staff meetings, staff suggestion box. Management survey to assess staff's views and needs	There were regular staff meetings where staff could put forward their views. Staff were able to post suggestions in the staff suggestion box for consideration by management. As part of the management teams' annual appraisal they undertook a survey of staff views of their performance.
External partners	Other GP practices, CCG	The lead GP held a commissioning role at the CCG. The practice was working with other practices in the locality exploring opportunities to work at scale.

Feedback from Patient Participation Group;

Feedback
The patient participation group (PPG) told us that they met every six weeks with the practice. They told us that the practice kept them informed and up to date with staffing issues and service developments. They described the practice as open and responsive. Ideas raised by the PPG were discussed and implemented where appropriate. The PPG felt involved in the practice.

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

Examples	Impact
Ear syringing service	The practice had set up an ear syringing service in response to feedback from patients. The PPG had raised funds to buy the equipment for this service. This service would otherwise have no longer been available to patients locally.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Employment of paramedic practitioner	This improved patient access to clinical services particularly those at home or in residential care. Workload for GPs was reduced this in turn increased the availability of appointments.
Increased use of nurse practitioners	This improved access for patients to appointments with appropriate clinicians.

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

Audit area	Impact
Intra-articular knee injections	The second cycle of this audit demonstrated improved consent seeking procedures and improved outcomes for intra-articular knee injections.

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>