

# Care Quality Commission

## Inspection Evidence Table

### Jenner House Surgery (1-3806650299)

Inspection date: 3 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.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers: n/a	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
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: 19/12/2017	Yes
There was a record of equipment calibration Date of last calibration: 19/12/2017 and 25/1/2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 12/4/2018	Yes
Actions were identified and completed.  All items identified as in need of action on the risk assessment from 12 April 2018 had already been completed by the time of our inspection on 3 May 2018.	Yes
Additional observations: none.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 12/4/18	Yes
Health and safety risk assessment and actions Date of last assessment:12/4/18	Yes
Additional comments: We were unable to see the written Legionella Risk Assessment document for the practice as an external company had undertaken a visit to complete this on 27 April 2018 and the practice had yet to receive a copy of the report. We saw evidence of a legionella risk assessment from October 2011. The new risk assessment had been completed in response to an action raised from the health and safety risk assessment completed on 12 April 2018.	

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: The practice had completed an action plan following the infection control audit. The action plan detailed all areas identified to review and the dates these reviews had been undertaken. We saw that there had been ongoing monitoring of the actions including a review on 9 January 2018 and 20 March 2018.</p> <p>The action plan showed there were 21 actions currently showing as incomplete. However, the progress log clearly demonstrated that actions were on-going, awaiting further issues or added to the practices overarching risk register. Examples included a note to show that sharps bins should be wall mounted and out of patient reach and that these were on order. The provider sent us a revised copy shortly after the inspection which contained an update from May 2018. 14 actions remained incomplete. Of these actions nearly all required additional actions such as ensuring all sinks do not have an overflow function and minor redecoration. Any items that were awaiting replacements had been placed on the practices overarching risk register to continue to monitor and review risk. All actions that were incomplete had been marked as in progress and were awaiting things such as quotations or deliveries of new purchases, or would be completed as part of the ongoing re-decoration and development of the premises. .</p> <p>At the same time as the last review in March 2018 the practice also updated their infection control policy to version 2.</p>	<p>Yes</p> <p>3/8/2017</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers: N/a	

Any additional evidence
<p>From January 2018 the practice had created a room cleaning schedule placed on the backs of each clinical and treatment room detailing what was required and when from the cleaning company. There was also a checklist at the back of the door for clinicians to complete on a weekly basis and sign this included for items such as the blood pressure monitoring machine and cuff, trolley and spirometer.</p>

## Risks to patients

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

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers: n/a	

## Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	1.06	0.95	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)	8.8%	9.0%	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.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	n/a
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and .risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Explanation of any 'No' answers: n/a

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	Three
Number of events that required action	Three

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

Event	Specific action taken
Patient was not sufficiently identified at a phlebotomy appointment before blood was taken.	The practice reviewed processes and reminded clinicians and administrative staff of the importance of checking identify upon arrival and at time of consultation. Additional training was available for staff and discussed on a one to one basis.
Out of date stock was found.	The practice reviewed and strengthened their system for undertaking regular checks of stock. This included undertaking a one off full stock check to establish a baseline and then to identify a schedule for routine stock checks. The practice also appointed the assistant practice manager to be the non-clinical nurse manager to oversee these processes amongst others.
Member of the public fell outside the practice. (not a patient of the practice). Person and staff member were waiting for the ambulance in the cold.	Although this was not under their regulated activity the practice reviewed this event and decided to purchase disposable blankets for use if a similar situation was to occur again. The practice contacted the health care provider who the person had been attending to verify that processes had been followed demonstrating care and reflection following an incident.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice had a folder which contained all drug safety alerts that had come through to the practice. The practice had a copy of the update alert which came out in April 2018 regarding the prescribing of Sodium Valproate in Women of childbearing age.</p>	

## Any additional evidence



The practice had submitted three significant events as part of their pre-inspection provider information request form. On the day of the inspection we spoke to staff who shared with us two additional significant events which were not documented in the summary. We discussed this with the practice manager who told us that the summary sheet was created for the purpose of our inspection and from the information they had available as the assistant practice manager was on leave at the time this was required to be submitted to the inspectors. The practice manager was able to show us completed significant event forms and meeting minutes to evidence discussions of the two other significant events described by staff.

The practice had a staff information board with a poster on it detailing the process for staff to follow in order to report a significant event or accident and what constitutes as each.

# 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). <b>(01/07/2016 to 30/06/2017)</b> (NHSBSA)	0.92	1.01	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	75.4%	81.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (38)	9.4%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	73.0%	77.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (49)	8.4%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	76.3%	81.6%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	14.2%	(82)	11.4%	13.3%	
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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)	48.8%	73.5%	76.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (14)	4.7%	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)	93.7%	93.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.6% (25)	11.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	71.6%	81.8%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (30)	2.9%	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)	82.6%	90.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.4% (14)	6.7%	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)	116	121	95.9%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	107	115	93.0%	Met 90% Minimum (no variation)
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)	105	115	91.3%	Met 90% Minimum (no variation)
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)	102	115	88.7%	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)	75.0%	75.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.4%	72.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.2%	61.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	81.5%	79.7%	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)	83.1%	91.0%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	93.2%	92.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.9%	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)	81.8%	85.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (2)	5.3%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	507	549	539
Overall QOF exception reporting	4.9%	4.4%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below: n/a</p> <p>Any further comments or notable training:</p> <p>The system for monitoring staff training was embedded into practice. The assistant practice manager was easily able to review all staff training, when staff were due for refresher training and book them onto this as well as set diary reminders to prevent staff from becoming out of date with their training requirements.</p> <p>Childhood immunisation data for 2017/2018 was provided by the practice to show that their childhood immunisation rates had continued to increase above the expected averages. The data in the evidence table shows that for immunisations for two year olds the practice was below the expected threshold. Data provided by the practice showed that above the expected threshold of 90%.</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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	94.9%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (49)	0.6%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	34.5%	45.4%	51.6%	Comparable to other practices

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

The practice has a consent form available to use. The practice were not currently undertaking any minor surgical procedures or COIL fittings so there were no written consent forms to view. Joint injections were undertaken by the physiotherapists and completed under patient specific directions. One of the GPs supervises oversight of this.

## Any additional evidence

The practice piloted an in-house physiotherapy service in 2016. Patients were able to book directly with the practice physiotherapist via the patient services team at Jenner House Surgery. The practice recorded that approximately 240 GP appointments were freed up throughout the duration of the pilot and waiting times to see a specialist were reduced from approximately a six to twelve week waiting list to be seen within a week of making an appointment. The practice also demonstrated a reduction in referrals to existing physiotherapy services and to secondary care orthopaedics with only four out of 241 patients being seen by this service post implementation of the pilot. The success of the pilot meant that the practice have continued to run this service and has become embedded into day to day operational running of Jenner House Surgery. The practice came second in a national patient experience network award.

The practice held weekly integrated care team meetings to discuss patients on certain registers.



Attendees included representation from community nursing, mental health support workers, hospice senior managers and paramedics. Multi-disciplinary team meetings also took place on a monthly basis.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	14
Number of CQC comments received which were positive about the service	12
Number of comments cards received which were mixed about the service	one
Number of CQC comments received which were negative about the service	one

### Examples of feedback received:

Source	Feedback
CQC Comment cards	<p>Comments were positive about the standard of care received. For example, staff being caring and helpful and being treated promptly, effectively and in a professional manor and other stating they are happy with all aspects.</p> <p>Comments also reflected how patients felt positive about the impact of the redecoration and their experience in the waiting room commenting that its now light and airy, hygienic and an improvement. One comment was made about the new chairs being uncomfortable.</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
8,921	273	3%	128	46.89%

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)	43.0%	81.8%	78.9%	Significant Variation (negative)
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)	84.3%	92.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.2%	96.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	76.9%	89.4%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	87.5%	91.6%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.2%	92.1%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
September 2017 Own version of GP patient survey	<p>The practice had some poor GP patient satisfaction scores on the national GP patient survey.</p> <p>Following the review of their low patient satisfaction results and subsequent practice based patient survey, the practice transferred all negative comments over to the practices risk register for further action. Action undertaken to make improvements included changing to the format of the reception desk and moving telephones into the back office as well as a review of the telephone phone message system. A review of how appointments were booked and introduction of the e-consult service.</p> <p>The practice ran their own version, using the same questions as those asked in the national survey, in September 2017. This was handed out to approximately 400 patients. The practice received 117 responses. Although not comparable to national and local averages the practice demonstrated what they had done to make improvements to the practice in the period from the national survey to their own survey. The practice felt that actions taken between the two surveys resulted in a high level of patient satisfaction.</p>

Any additional evidence
None.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients spoken to were positive about the care and treatment received by the clinical team. There were no negative comments from patients to do with decisions about care and treatment.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	70.9%	88.5%	86.4%	Variation (negative)
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)	66.0%	83.8%	82.0%	Variation (negative)
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)	86.4%	90.3%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	80.0%	84.3%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 56 patients who were listed as a carer. The practice had identified 35 patients who were registered as having a carer. The 56 patients identified as being a carer represented less than 1% of the patient population.
How the practice supports carers	The practice had posters in the waiting room signposting to the local carers support group.
How the practice supports recently bereaved patients	The practice told us that they always followed up with a phone call usually from the clinician who last had contact with the patient. A member of staff was responsible for re-coding the patients notes and handing this over to the administration team so that no further recall letters were to be sent addressed to the patient.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice had redesigned their waiting room which included a redecoration project. The practice had moved the telephone lines away from the front desk to the back office in order to enhance confidentiality and for the receptionist to focus on the patients attending the front desk.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
Examples of specific feedback received:	

Source	Feedback
Interviews with staff and observations	The practice had implemented a system of an assistance slip to further enhance patient's privacy. The slips were located next to the reception desk and patients could fill out a slip with details of their problem without having to discuss this directly with the receptionist.
CQC comment cards and patient interviews	<p>Patients reported that they felt the staff respected their privacy.</p> <p>Patients reported that they liked the redesign of the waiting room. Patients felt that this increased their privacy.</p>

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-20:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30
Saturday	09:00-11:00
Appointments available	
	Urgent Routine e-consult
Extended hours opening	
	Yes. The practice offered extended hours appointments on a Monday evening, one Friday in seven weeks and one Saturday per month. Extended access is provided by the practice and the practice is also part of the extended access scheme in association with other providers in the locality.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
The practice had two paramedic practitioners working with the practice. The paramedic practitioners are provided by the local federation. Paramedic practitioners attend the home visits and report back to the GPs.	



## 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)	67.8%	80.6%	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)	36.8%	71.5%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	55.0%	76.9%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	42.7%	75.2%	72.7%	Variation (negative)

### Examples of feedback received from patients:

Source	Feedback
CQC comments cards	<p>There was a comment about difficulties using the electronic system to book an appointment or order repeat prescriptions. Other comments were positive about the repeat prescription service.</p> <p>Comments were generally positive about getting an appointment in a timely manner and wait times a minimum when at the practice. One comment stated it could at times be difficult to get an appointment but that this was not the case for children's appointments.</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> )	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	eight
Number of complaints we examined	two
Number of complaints we examined that were satisfactorily handled in a timely way	two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	two
<b>Additional comments:</b>	
n/a	

Any additional evidence
n/a

# Well-led

## Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
<p>The practice recruited a new GP partner in July 2017. They had recruited an assistant practice manager in November 2017.</p> <p>The practice reviewed all governance arrangements which included a review of the management team. At the time of the inspection the management team was fully established and with clear lines of responsibility.</p> <p>Staff knew who to approach to discuss concerns.</p> <p>Leaders were visible to staff in the practice.</p> <p>Staff told us they felt supported by the leadership team and that their views were listened to and acted upon. They also reported that managers kept them informed of changes through the different staff meetings or email communications.</p>

## Vision and strategy

Practice Vision and values
<p>The practice had a clear vision and strategy in place to deliver service improvements.</p> <p>The practice had undertaken a review of the vision and strategy in light of staff changes in 2017. As such the practice reviewed their model of care and aligned this with other providers in the local area.</p> <p>The practice had access to services offered by the local GP federation.</p>

## Culture

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

Source	Feedback
Staff feedback	<p>Staff spoke highly of the practice and the leadership team. Staff were happy to work in the environment and reported that this was the best it had been in several years.</p> <p>Staff reported that they felt confident in asking questions.</p> <p>Staff felt there was little changes that could be made as many changes had occurred already to make improvements.</p>

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

Source	Example
Staff feedback	<p>Staff gave several examples of when they had made suggestions and that they had been actioned. For example, switching off the phones for an hour over lunchtime to catch up on morning tasks and wipe down patient areas.</p> <p>Another example included that secretaries now respond to patient emails to acknowledge receipt of email whilst waiting for a formal response.</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
Significant events and complaints	<p>We saw examples in the significant events and complaints records that evidenced that patients were communicated to in response to concerns raised.</p>

reporting forms. Meeting minutes.	There was clear evidence of discussion with staff and others involved through meeting minutes.
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Examples of concerns raised by staff and addressed by the practice

Source	Example
Patient feedback	Staff raised concerns to the practice about a lack of administrative staff. We were told during the staff interviews that the practice had listened to this and recruited more administrative staff.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
Yes	

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

Source	Example
Staff policies	The practice had a range of policies which were aimed at promoting staff safety and wellbeing.

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

Source	Example
Policies	The recruitment policy clearly stated that the practice was an equal opportunity practice.

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

Area	Impact
A clinical audit of urinary tract infection management.	The practice extended the original audit to include the management of samples being dropped off at the practice. The outcome of the audit was improved prescribing in line with guidelines regarding the length of treatment and antibiotic type.
Identification of gaps in provision of practices emergency medicines	The practice identified that an appropriate process was required and needed implementing. The practice allocated a lead who wrote the new process and protocol. Training was delivered to all staff at a clinical meeting. The emergency medicines box had been redesigned with access all in one place.
An audit of GP locums notes and referral letters	The lead GP undertook a review of all locum GP letters and clinical notes to ensure that the standard was aligned with the expectation seen by the salaried and partner GPs.

## Examples of service developments implemented in past 2 years

Development area	Impact
A review of patient population and staffing needs to meet the demands.	The practice undertook a full review of the needs of the patients and workforce in order to meet the current demands. This included a remodel for the practice to include a more integrated care approach. This included having access to paramedic practitioners a pharmacist and direct referral into the physiotherapy service. Indications suggest that access to these services have attributed to a reduction in hospital admissions and a reduction in lengthy referrals to secondary care.

## 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 practices process for learning from significant events and complaints was embedded into practice. Meeting minutes clearly demonstrated that events were discussed and lessons learned. Staff reported that information was shared with them on a regular basis around this.
Practice specific policies	All policies were personalised to the practice and contained a version control history which included date valid from and date of next review. All policies reviewed were in date and had had a recent update.  The practice had included policies and protocols that clearly defined

	<p>workflow processes for non-clinical staff to follow. For example, there was a reception protocol for sending GP messages which was published 12 December 2017. There was also a protocol for receptionists to allocate the duty triage list. Other policies included the workflow process for dealing with patients who required a recall for asthma review or for cervical smear testing.</p> <p>The practice had created a new business continuity plan in March 2018 which included all risk assessments. Risks were identified as high, medium and low risks as well as live actions. There were clear links to where to find additional documentation and policies such as the fire policy. The plan included workflow charts, staff contact details and scenarios as well as processes to follow in those situations.</p>
Other examples	The practice had a standing agenda for clinical meetings. At the start of each meeting all actions from previous meetings were reviewed. The clinical meeting included case discussions. Where actions had occurred from the discussion these were followed up and reviewed at the next meeting. The case actions remained on the agenda until all outstanding actions were resolved. The information was easy to track across each meeting minute to identify outcomes. For example, we observed a case discussed at the clinical meeting on 23 February 2018. There was an action following that meeting. This was reviewed as part of the action tracker at the meeting on 9 March 2018.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

### Managing risks, issues and performance

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

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

Risk	Example of risk management activities
Overarching risk register.	The practice had created a practice risk register which included both clinical and non-clinical risks identified by the practice. These were discussed and updated fortnightly and included areas such as infection control, operational risks, information governance, premises and health and safety risks.

## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

	Method	Impact
Patients	Newsletter Open day	Patients had access to a newsletter providing updates about the practice and changes. The practice had planned an open day for patients to attend to learn more about the services available at the practice and to meet the staff. This was planned for the week after our inspection.
Staff	Meetings and appraisals	There were several types of meetings where staff were informed of changes or discussions about the practice. Staff had opportunities to provide feedback and reported that these were listened to.
External partners	Meetings	The practice had meetings with external partners such as the CCG. The practice told us that they had regular contact with the quality improvement lead at the local clinical commissioning group for support.

### Feedback from Patient Participation Group;

Feedback
The Patient Participation Group spoke positively about the relationship they had with the practice. They felt they were involved in discussions about the practice as well as asked for their input on ways to make changes. They told us that they felt the leadership team listened to their comments and acted upon them.

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

Examples	Impact
The Patient Participation Group suggested a need to increase communication to the practice population about the changes that had taken place and services available at Jenner House Surgery. As such the practice had planned an open day event in May 2018.	At the time of the inspection the event had not taken place. Invites had gone out to all patients and notices were around the practice as well as on the website. The plan for the open day was to have representation from a variety of staff at the practice GP partners, leadership team and the patient participation group. The purpose was to answer patient questions

The patient participation group brought specific concerns raised by the patients to the meetings or via the practice manager if a meeting was not for a couple of weeks. For example the PPG raised a concern on behalf of a patient who was concerned that medicine was not being reviewed and removed from the system when no longer required.	The leadership team at the practice listened to this feedback and actioned immediately. The GP partner shared this with the pharmacist and asked for them to run a search on any scripts not issued for six months. They were also reviewing any polypharmacy. The pharmacist attended a weekly meeting with the registered manager to discuss clinical cases.
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## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
No specific evidence was seen on inspection.	NA

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

Audit area	Impact
Diabetic self care	A review was undertaken by the nurse around all patients doing self-testing of blood glucose levels to check that they were monitoring appropriately and with the most cost-effective needles and testing strips. Following the audit, the practice were about to initiate a pharmacy led diabetic clinic for better control of patients self-care of their diabetes. The nurse also conducted telephone reviews to follow up on patient management plans.
Review of actions identified in patient notes and letters on the electronic patient notes system.	One of the GP partners undertook a full review to see if there were any actions which remained outstanding and also to make a comparison to best practice. No further action was identified as results were aligned to best practice guidance.

Any additional evidence
N/a

### 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>