

Care Quality Commission

Inspection Evidence Table

Fallodon Way Medical Centre (1-547785420)

Inspection date: 24 May 2018

Date of data download: 14 May 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
Additional information: The practice routinely circulated information about child and adult safeguarding procedures; they maintained lists of vulnerable people within the patient community which were overseen by the care coordinator.	
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
Additional information: the practice maintained up-to-date records for a locum staff required for the	

practice.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: the practice undertook a visual inspection of portable electrical equipment 18 May 2018.	Yes
There was a record of equipment calibration Date of last calibration: July 2017	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: there was evidence of a monthly check and a yearly maintenance check of equipment.	Yes
Fire drills and logs	Yes
Fire alarm checks: records of the weekly checks of the system were maintained by the practice. There was an annual check of the whole fire alarm system last inspection was 16 September 2017.	Yes
Fire training for staff: staff undertook yearly e-learning.	Yes
Fire marshals: there were two staff members who were trained as fire marshals to ensure the effective evacuation of the main building in case of fire, and one fire marshal for the administration block.	Yes
Fire risk assessment: there was an up to date assessment for both buildings. Date of completion March 2018	Yes
Actions were identified and completed.	Yes
Additional observations: The administration block was in addition to the original building therefore there were two fire alarm systems which are linked so that in the event of the fire both buildings evacuate.	Yes
Health and safety Premises/security risk assessment? Date of last assessment: March 2018 There was an intruder alarm and personal alarms in the main building as well as the "green button" alarm on each computer terminal for staff to raise an alert.	Yes
Health and safety risk assessment and actions Date of last assessment: March 2018 All the risk assessments which had been completed were RAG rated; we saw actions arising such as anti-slip coating on the steps to the administration building; the bicycle rack had been installed so that fire evacuation corridors were kept clear.	Yes
Additional comments: The building consisted of two waiting areas, a reception area, a common room for meetings and a small	

kitchen. The clinical rooms were made up of five treatment rooms used by the Nursing Team (one of which was a minor surgery room used for surgical procedures). There were nine consulting rooms used by the GPs and pharmacists. Administration was housed in a temporary building to rear of the main building.

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: April 2018</p> <p>The provider acted on any issues identified and noted that the taps in the consulting rooms should be replaced as part of the ongoing refurbishment programme.</p> <p>We noted that the provider had suitable arrangements in place for decontamination of reusable surgical equipment.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Any additional evidence
<ul style="list-style-type: none"> The practice were ensuring that all staff who had any contact with patients, including reception and administrative staff, had immunity to measles in response to the local outbreak of this disease. The practice had successfully applied for innovation funding to proactively increase the uptake of Measles, Mumps, and Rubella Vaccine second dose (MMR2) given to people one year old or older. Legionella assessment was undertaken in October 2017. The building electrical safety certificate/assessment was undertaken in November 2017. Gas boiler service date was May 2017.

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. Staff were aware that if they had any anxiety about a patient's condition then a message was sent by the computer system directly to the duty doctor for attention.	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	Yes

to the service or the staff. For example, the new administrative building was subject to risk assessments for fire, workplace safety, and accessibility prior to it being used.	
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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
Additional information: The practice used a common clinical IT platform, which allowed for other providers such as Out of Hours services and community services to access patient records via Connecting Care enabling seamless transfer of information. This meant that the system to manage and share the information was coordinated and provided real-time information across services.	

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)	0.85	0.84	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)	13.1%	10.7%	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
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
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

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.	10
Number of events that required action	10

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

Event	Specific action taken
A patient was prescribed medicine which had a detrimental effect on their blood pressure.	The practice were monitoring the patient's blood pressure as this was indicated as good practice when prescribing this medicine. The medicine was stopped when the impact was detected and the patient was monitored. The medicine was reported via the yellow card/adverse reaction reporting system. The practice agreed that any patients who would benefit from this medicine would have their blood pressure closely monitored prior to starting the medicine and followed up one week after and then on a regular basis whilst continuing treatment.
No action had been taken for a patient's urine sample which indicated when tested the patient may have an infection, and the patient had a fall due to the effects of the infection.	The practice policy was that any sample brought to the practice should be notified to the GP especially if it indicated an infection. The sign on the sample box was revised so that samples were dealt with correctly and the procedure reiterated to all staff to prevent re-occurrence.
Significant events were reviewed at clinical meetings so that learning shared amongst the team.	

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: the practice employed a pharmacist who dealt with any clinical safety	

alerts which came to the practice. We looked at three recent alerts which have been received by the practice and noted that the patient database had been searched and appropriate action taken where needed.

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)	1.12	0.94	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)	86.3%	80.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.9% (51)	22.3%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.6%	79.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (46)	16.3%	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)	89.3%	83.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	20.4%	(55)	17.9%	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)	76.3%		74.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	23.0%	(112)	13.6%	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)	93.4%		91.5%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	20.8%	(20)	17.7%	11.4%	
Indicator	Practice		CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	89.8%		83.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	9.9%	(124)	7.5%	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)	84.5%		90.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	

	7.4%	(16)	10.3%	8.2%	
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N.B The exception reporting for the practice was higher than national average but in line with CCG – please see report for detail.

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)	89	93	95.7%	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)	101	107	94.4%	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) (01/04/2016 to 31/03/2017) (NHS England)	102	107	95.3%	Met 95% WHO based target Significant Variation (positive)
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)	102	107	95.3%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	81.5%	70.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.1%	68.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	69.8%	53.2%	54.5%	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)	61.4%	70.0%	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)	100.0%	93.1%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (3)	23.7%	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)	91.1%	90.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (4)	19.9%	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 (01/04/2016 to 31/03/2017) (QoF)	93.6%	84.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (10)	7.0%	6.8%	

N.B The practice exception reporting for Mental Health indicators are better than the CCG average and in line with national average.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	545	539
Overall QOF exception reporting	6.6%	8.5%	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

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
The practice had planned, regular visits to care homes by GPs. The practice had collaborated with the homes so that they had access to patient's electronic records whilst on-site which meant medical histories were available and that records were completed contemporaneously.	Y

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)	92.2%	93.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (8)	1.4%	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	63.3%	60.5%	51.6%	Comparable to other practices

(TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				
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Description of how the practice monitors that consent is sought appropriately

The practice undertakes minor surgical procedures where written consent was obtained and scanned onto the patient record.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	11
Number of CQC comments received which were positive about the service	9
Number of comments cards received which were mixed about the service	One respondent noted excellent care but difficulty in getting appointments.
Number of CQC comments received which were negative about the service	One respondent noted difficulty in getting appointments.

Examples of feedback received:

Source	Feedback
NHS Choices	We saw there were six comments received on NHS choices in the last 12 months. The practice had responded to all comments; we found evidence that where the comment was negative the practice had taken steps to contact patients on an individual basis to resolve any issues. The average star rating for the practice was three stars.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
9,100	219	2%	132	60.27%

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)	95.0%	79.9%	78.9%	Variation (positive)
The percentage of respondents to the GP patient	98.6%	89.7%	88.8%	Variation

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)				(positive)
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)	100.0%	96.5%	95.5%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	94.5%	86.7%	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)	95.8%	92.4%	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)	96.8%	91.5%	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
November 2017	<p>The practice commissioned Client-Focused Evaluations Programme (CFEP) to undertake an improving practice (IPQ) survey. Each GP returned a minimum of 28 survey reports. Of the 28 items surveyed, 24 scored above national median, three were on the national median, however seeing the practitioner of choice was below median. The practice manager also reviewed the comments received, grouping them into general headings and responded to patients via the practice website.</p> <p>Changes the practice made since the survey included:</p> <ul style="list-style-type: none"> increasing the number of "Express clinics" (being able to have an appointment within three days) re-emphasising practice policy that all patients should get to know two GPs so as to maintain continuity of care during absences / changes in staff; increasing the number Improved Access hours. <p>The results and the actions were discussed with the patient participation group (PPG).</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with	Patients confirmed they were involved in a discussion when a course of treatment

patients	was necessary. Examples of this include receiving additional printed information and being given options about where the treatment could be received. Patients told us that they felt the staff at the practice listened to them and considered any specific need or request compassionately.
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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)	94.6%	86.6%	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)	93.2%	83.5%	82.0%	Variation (positive)
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)	95.0%	90.6%	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)	91.0%	85.8%	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 89 patients (1%) who were also carers. They were aware that this was a lower than the expected number however it was reflective of their population group which was a younger population, and reluctance for people to identify themselves as carers. The care coordinator demonstrated how they were proactive by following up any known patients who were in receiving any additional health and social care services.
How the practice supports carers	The practice had a link with the local carers organisation and were able to provide individual appointments with the adviser. The practice had an information board and an information pack for patients to

	<p>use which signposted them to support services.</p> <p>Carers were invited to the flu clinics and the statistics for 2017 showed that all the carers on the register had received a flu vaccination.</p> <p>Consideration was given to carers when arranging appointments.</p>
How the practice supports recently bereaved patients	The care coordinator provided support to bereaved patients obtained the services they needed. In addition, the usual GP would contact 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	<p>The practice switchboard was located away from the reception desk and was shielded by a glass door which helped keep patient information private.</p> <p>There was background music in the waiting room to improve confidentiality at the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff.</p> <p>There was an electronic patient 'arrival screen' which meant patients did not have to stand and wait at reception.</p> <p>Clinicians have access to "white slips" which were given to patients who needed to book further appointments/treatments at reception, this meant that the reason for the booking was written and did not have to be discussed at reception desk.</p>

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: we saw there was a notice in the waiting area indicating that if patients wish to discuss something confidentially then a private room was available.	

Source	Feedback
Friends and family test	Since April 2017 the practice had received 22 general compliments, 12 compliments relation specific staff and three negative comments. Information from the friends and family test is shown on the practice website. There was a friends and family post box in the main reception area.
Website feedback	The practice website has an area whereby patients can provide feedback about the service however this was used infrequently and was not a regular source of feedback.
Practice	The practice had employed a care coordinator who acted as a communication link, keeping in contact with patients and seeking support from the necessary

	<p>clinicians or other services to assist. Feedback from patients about this service was very good with patients expressing their appreciation about receiving contact especially following their discharge from hospital when they were feeling vulnerable.</p> <p>There was a 'tea and cake' group for isolated patients, and a volunteer driver service to assist patients to the practice and to secondary care appointments.</p>
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Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-13:30
Friday	14:30-18:30
Saturday	
Appointments available:	
HCA, GP, Nurses	Pre-bookable, urgent and express throughout the day at variable times according to need.
Extended hours opening:	
Improved Access pre-bookable appointments – may be at a site within the practice GP cluster group.	<p>Nurse: Monday to Thursday until 19:00; Friday from 07:30, Saturday 09:00 to 13:00 (also HCA appointments)</p> <p>GP: Monday to Wednesday until 19:00 and on Saturdays 09:00 to 13:00.</p>
Access	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?" was 98% which was better than CQC of 70% and the national average of 71%.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>The care coordinator contacted or patients who requested a home visit and undertook further fact-finding in order to facilitate the correct person/service to provide the support to the patient. This information was discussed at a daily meeting where the most appropriate action was decided on between the clinical team and the care coordinator.</p> <p>The practice accessed the out of hours service for any anticipated/planned home visits for weekends.</p>	

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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)	87.8%	81.9%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	98.0%	70.0%	70.9%	Variation (positive)
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)	91.0%	77.5%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	89.2%	71.6%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Ad hoc patient comments submitted to the practice.	We saw a range of letters and thank you cards addressed to the practice. Patients express their thanks for treatment and onward referrals to secondary care. Patients referred to excellent service, kindness, and understanding of patients at a vulnerable time. Respondents also commented on the time given to listening to patients concerns. Patients highlighted the quality of the service received and their positive experience of being a patient at the practice.

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
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Number of complaints received in the last year.	Five
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	None
Additional comments:	
We saw the practice recorded formal and informal complaints; all complaints were responded to with the appropriate timescales and contained an apology and explanation of the situation. We saw that one unresolved complaint was discussed by the practice so that there was a shared understanding of the issues and agreement about any resolutions.	

Any additional evidence
We saw there was learning from complaints, for example a patient had not been given the correct information when trying to access an appointment at a time when there were only pre-bookable appointments (Saturday morning). This led to further training for the reception staff at the practice.
The practice had improved its position within the clinical commissioning group in respect of the GP patient survey question relating to overall experience of the GP practice from 8 th in 2015/16 to 2 nd in 2016/17.
Data from One Care Ltd showed the practice had lower than average use of out of hours services by patients with demand per weighted population at 0.09 compared to the NHS England locality average of 0.12.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
<p>The management had a yearly 'away day' in which to discuss and produce a strategy and business plan for the practice.</p> <p>The management team ensured their visibility and team working by taking on the additional hours for the improved access program.</p> <p>There was a weekly newsletter for staff from the management to keep them up-to-date about any changes or events at the practice.</p> <p>Staff feedback to CQC identified that the partners and management were keen to support staff with their personal development; there was a regular communication from the management to the team and that the management team were visible and available to all members of staff.</p>

Vision and strategy

Practice Vision and values
Fallodon Way Medical Centre aspires to be a professional, friendly organisation dedicated to providing high quality personalised medical care to all members of the practice community (taken from statement of purpose).

Culture

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

Source	Feedback
Staff	A staff member fed back that they felt the practice was a friendly place to work with good support from clinicians and administrative staff; there was also potential to develop professionally within their role.
Staff	A staff member fed back that morale was good within the practice; the workload was manageable and they felt able to raise concerns if the work pressures became unachievable. There was anecdotal evidence to support this statement where additional staff hours had been implemented.

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

Source	Example
Staff	An issue was raised about the noise in the office and a partition was installed to reduce the level of noise.
Staff	An issue was raised about the allocation of work and the result was that work was allocated differently so that it could be accommodated during the quieter times.

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

Source	Example
Practice manager	The patient participation group (PPG) members who attended in person had agreed to swap their email addresses to facilitate communication. The subsequent action meant that all the email addresses for the PPG had been sent to the wider group in error (approximately 80). The practice manager investigated and found human error; the people involved received an apology and contacted everybody involved.
Patient	The patient raised a concern through the NHS choices website and the practice responded on the website, they also were able to identify the patient and contacted them by telephone and letter to address their concerns.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	A concern was raised in relation to child immunisations being administered in the leg which was observed to be a cause of discomfort to the patient. The immunisation site was agreed to be changed.
Staff	The length of appointment for older people was raised as an issue as it was felt that the standard 10 minutes was insufficient. The practice reviewed the appointment times and allowed for six 15 minute appointment slots at the start of each session which could be booked for older patients.
The practice's speaking up policies were 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
Risk assessment	The health and safety risk assessment identified that the wooden steps to the administrative building were slippery when wet and so they had arranged for nonslip coating to be applied.
Risk assessment/staff	There was insufficient external light for the staff entrance and this was addressed additional lighting installed.
Staff Rota	It was agreed that if a member of staff was working later then this should be matched to a later start in the morning to prevent them working excessively long hours.

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

Source	Example
Training files	Staff completed equality and diversity training as part of their induction process.
Staff	There was an occupational health service for staff which supported with the identification of any additional equipment or support needed to facilitate staff at work.
Practice manager	Practice recruited people who were over the state retirement age but were able to fulfil the job role.

Examples of actions to improve quality in past 2 years

Area	Impact
Quality and outcomes framework (QoF)	The practice had reviewed the achievements for QOF and targeted the cancer review within six months of diagnosis so that they achieved 100% for 2017/18.
Electronic record access at care home.	The practice oversaw a large care home for people living with advanced dementia and having the electronic record access meant there was a full medical history available before treatments were prescribed.

Examples of service developments implemented in past 2 years

Development area	Impact
Medicine reviews	The practice pharmacist had increased the number of face-to-face reviews for patients who needed a review of their medication.
Increased staffing capacity	The practice had increased staff hours in the nurse team and support for the care coordinator. For patients this meant that there was additional specialist nurse resource. The care coordinator had an assistant to take on more routine administration and allow more patient contact.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints	The outcome of complaints and significant events was discussed in clinical meetings. Staff confirmed to us that they could access the learning from

and significant events	events and that changes were made which supported service development.
Practice specific policies	The practice had specific policies and procedures for dealing with liquid nitrogen which met the health and safety requirements.
Other examples	The practice audited processes and policies to ensure they were effective.
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
Unplanned admission	The practice had employed a care coordinator member of staff who acted as a link in regard to patients who were assessed as vulnerable or at particular risk of unplanned admissions. They acted as a communication link, keeping in contact with patients and seeking support from the necessary clinicians or other services to assist. We were given a specific example of how this had worked in practice and the impact on the time saved for GP appointments and reduced hospital admission.
Use of emergency department by care homes.	The practice had worked with a large care home to review how they worked with them and had introduced the electronic prescribing service, access to records on site, escalation plans to accommodate any deterioration in health. The Care coordinator also liaised directly with the home prior to the regular GP clinic so that any administration tasks were completed and the attending GP could concentrate on clinical care.
Older patients	The practice routinely sent a health and well-being questionnaire to all patients once they reached the age of 75. This enabled them to identify any potential issues and have contact with people who rarely attended the practice.

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	Patient participation group	Feedback used to inform service planning.

	Text Surveys Complaints Website	
Public	Website	Awareness amongst public of the organisation.
Staff	Meeting Intranet	Information sharing for staff
External partners	Website Regular meetings on a Wednesday lunch time held with members of the Community staff including, Bristol Community Health, St Peters Hospice, and the Dementia Wellbeing Service	Shared care for patients.

Feedback from Patient Participation Group;

Feedback

The practice had an active patient participation group; a core group of approximately 12 people met regularly with a representative from the practice to discuss any practice developments and provide feedback from the perspective of the patient. There was also a virtual group who were contactable by email to provide a consultative group for practice development.

Feedback from the PPG was that the practice was effective in meeting the needs with good access for appointments including the express clinics and the ability to contact their GP by telephone. There was an awareness of a delay in being able to have an appointment they chosen GP and the group felt that the staff team made them feel welcome and went out of their way to accommodate their requests. The group had influenced reception customer care; the change of the screen in the waiting room; and the availability of the feedback box in reception. Overall the group felt that they were happy with the practice, they stated that they were listened to as a group and could influence the practice. They identified there was a positive staff culture which translated into a very efficient service which they felt themselves fortunate to be in receipt of.

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

Examples	Impact
Telephone system - when the new system was installed it did not tell patients where they were in the queue. This was raised with the practice and changed so that people are aware of the potential wait until the phone is answered.	This meant that patients could judge whether to continue with telephone call or ring back at quieter time.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
A training practice for ST3 / F2 Doctors.	Being a training practice necessitated being up to date with the latest treatment and clinical developments which means patients they had

	access to the latest clinical practice.
They were part of a local pilot in the Bristol area for improving immunisations uptake.	The Bristol area had experienced a number of measles outbreaks and the practice had applied for innovation funding to proactively increase the uptake of MMR2.
The practice supported research and invested time in participating in local and national pilots to improve care.	For example, <ul style="list-style-type: none"> • a self-referral physiotherapy service • using a virtual clinic to discuss treatment pathways for patients with complex diabetes with a specialist secondary care practitioner.

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

Audit area	Impact
Patients with Gestational Diabetes (GD) to prevent birth abnormalities.	Increased awareness and screening by: <ul style="list-style-type: none"> • Ensuring all women with GD were coded at the eight week check. • Ensuring all patients with GD had a fasting blood glucose at the eight week check or if not possible an Hba1c after 13 weeks. • Ensuring all patients with normal fasting blood glucose were set up for annual recall. • Patients with abnormal fasting blood glucose or Hba1c 42 or higher to be managed as pre-diabetes.
Osteoporosis audit of concerned with "patients with previous fragility fractures".	Secondary fracture prevention by having a specific clinic which ensured all medication was necessary/optimal and if needed prescribed bone sparing medicines to reduce risk of future fragility fractures.

Any additional evidence

The practice was part of a GP cluster called 'Affinity' who had been the most successful group of GP practices (known locally as a cluster) in the NHS England locality for provision of additional appointments through the Improved Access programme.

The practice participated in the One Care Limited, an organisation for primary care improvement and commissioning organisation and had accessed additional services for patients. An example of this was for musculoskeletal services which allowed patients who fit the referral criteria to have access to an assessment/consultation within five working days.

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>