

# Care Quality Commission

## Inspection Evidence Table

### St Mary's Medical Centre (1-486215985)

Inspection date: 16 May 2018

Date of data download: 25 April 2018

## Safe

Safety systems and processes	
There was up to date written guidance available for staff to follow to help them identify, report and manage any significant events.	Yes
There was a lead member of staff for safeguarding processes and procedures.	Yes
Policies covering adult and child safeguarding were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.	Yes
Staff were trained to appropriate levels for their role (for example level three for GPs) and knew how to identify and report concerns.	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
Reports and learning from safeguarding incidents were available to staff.	Yes
A notice in the practice advised patients that chaperones were available if required.	Yes
Staff who acted as chaperones were trained for the role	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes

Recruitment Systems	
Recruitment checks were carried out in accordance with regulations.	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
There were systems to help ensure the registration of clinical staff was checked and regularly monitored.	Yes
Relevant staff had medical indemnity insurance.	Yes

<b>Safety Records</b>	
There was an up to date fire risk assessment that incorporated an action plan to address issues identified.	Yes
The practice had a fire evacuation plan.	Yes
Records showed fire extinguishers were maintained in working order.	Yes
Records showed that the practice carried out fire drills.	Yes
Records showed fire alarms were tested regularly.	Yes
The practice had designated fire marshals.	Yes
All electrical equipment was checked to help ensure it was safe to use.	Yes
All clinical equipment was checked and where necessary calibrated to help ensure it was working properly.	Yes

<b>Infection prevention and control</b>	
We observed the premises to be clean and all areas accessible to patients were tidy.	Partial
There was a lead member of staff for infection prevention and control who liaised with the local infection prevention teams to keep up to date with best practice.	Yes
There was an up to date infection prevention and control policy.	Yes
There was an up to date infection prevention and control audit that incorporated an action plan to address issues identified.	Yes
The arrangements for managing waste kept people safe.	Yes

<b>Risks to patients</b>	
The practice had systems to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Staff knew how to respond to emergency situations.	Yes
All staff were up to date with basic life support training.	Yes
Emergency equipment and emergency medicines were available in the practice including medical oxygen and an automated external defibrillator (AED).	Yes
Records showed that emergency equipment and emergency medicines were checked regularly.	Yes
Emergency equipment and emergency medicines that we checked were within their expiry date.	Yes
There was up to date written guidance for staff to follow in the event of major incidents that contained emergency contact telephone numbers.	Yes
There was written guidance for staff to follow to help them identify and manage patients with severe infections. For example, sepsis.	Yes
Staff were up to date with training in how to identify and manage patients with severe infections. For example sepsis.	Partial
The practice had systems to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
There was an up to date health and safety risk assessment that incorporated an action plan to address issues identified.	Yes
There was an up to date health and safety policy available with a poster in the practice which identified local health and safety representatives.	Yes
There was an up to date legionella risk assessment and an action plan to address issues identified.	Yes

<b>Information to deliver safe care and treatment</b>	
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 used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

<b>Medicine Management</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	0.89	0.92	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	11.8%	10.7%	8.9%	Comparable to other practices
The practice had processes for handling repeat prescriptions which included the review of patients who were prescribed high risk medicines.				Yes
Blank prescription forms and pads were securely stored and there were systems to monitor their use.				Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with Public Health England guidance to ensure they remained safe and effective in use.				Yes
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
Up to date local prescribing guidelines were in use.				Yes

<b>Significant events</b>	
Staff told us they would inform the practice manager of any incidents and there was a recording form available that supported the recording of notifiable incidents under the duty of candour.	Yes
Records showed that the practice had carried out a thorough analysis of reported significant events.	Yes
There was evidence of learning and dissemination of information from significant events	Yes

<b>Safety Alerts</b>	
The practice's systems for notifiable safety incidents ensured this information was shared with staff	Yes
Staff were aware of how to deal with notifiable safety incidents.	Yes

# Effective

## Effective needs assessment, care and treatment

### Prescribing

Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.72	1.10	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)	91.5%	75.6%	79.5%	Variation (positive)

<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	33.1% (145)	15.6%	12.4%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	93.5%	75.4%	78.1%	Variation (positive)

<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	8.7% (38)	11.6%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less <b>(01/04/2016 to 31/03/2017) (QOF)</b>	89.3%	77.9%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.7% (82)	13.9%	13.3%	
<b>Other long term conditions</b>				
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) (QOF)</b>	76.2%	74.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.3% (102)	13.1%	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) (QOF)</b>	100.0%	89.1%	90.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	36.2% (54)	16.3%	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) (QOF)</b>	87.0%	81.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (33)	5.1%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017) (QOF)</b>	87.0%	88.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (2)	5.4%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017) (NHS England)</b>	87	93	93.5%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017) (NHS England)</b>	74	77	96.1%	Met 95% WHO based target Significant Variation (positive)
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) (NHS England)</b>	75	77	97.4%	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) <b>(01/04/2016 to 31/03/2017) (NHS England)</b>	75	77	97.4%	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 <b>(01/04/2016 to 31/03/2017) (Public Health England)</b>	72.5%	74.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) <b>(PHE)</b>	73.5%	72.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) <b>(PHE)</b>	55.3%	55.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. <b>(PHE)</b>	100.0%	74.2%	71.2%	N/A



<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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) (QOF)</b>	93.3%	88.5%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	18.9% (7)	17.2%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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) (QOF)</b>	97.1%	90.2%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	8.1% (3)	13.5%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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) (QOF)</b>	76.2%	78.0%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	16.0% (4)	8.5%	6.8%	

<b>Monitoring care and treatment</b>			
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QOF score (out of maximum 559)	559	528	539
Overall QOF exception reporting	9.9%	6.5%	5.7%

<b>Effective staffing</b>	<b>Y/N</b>
The practice had an induction programme for all newly appointed staff.	Yes
Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.	Yes
Staff had relevant access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff were supported to meet the requirements of professional revalidation.	Yes

<b>Coordinating care and treatment</b>	
<b>Indicator</b>	<b>Y/N</b>
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) (QOF)</b>	Yes

<b>Helping patients to live healthier lives</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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) (QOF)</b>	92.6%	94.3%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0.7% (10)	1.1%	0.8%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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) (PHE)</b>	60.0%	49.8%	51.6%	Comparable to other practices

# Caring

Kindness, respect and compassion

## National GP Patient Survey Results published in July 2017

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,185	270	4%	99	37%

## National GP Patient Survey Results published in July 2017

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) (GP Patient Survey)</b>	70.3%	68.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017) (GPPS)</b>	81.4%	83.2%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017) (GPPS)</b>	89.6%	93.1%	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) (GPPS)</b>	79.0%	79.7%	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 <b>(01/01/2017 to 31/03/2017) (GPPS)</b>	93.3%	90.2%	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>	92.7%	90.1%	90.7%	Comparable to other practices

(GPPS)				
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**Involvement in decisions about care and treatment**

**National GP Patient Survey Results published in July 2017**

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) (GPPS)</b>	79.6%	80.4%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017) (GPPS)</b>	76.4%	75.0%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017) (GPPS)</b>	93.2%	89.3%	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) (GPPS)</b>	88.5%	84.9%	85.4%	Comparable to other practices

**Facilities to help patients be involved in decisions about their care**

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 about support groups was available on the practice website.	Yes

Carers	Narrative
Number and percentage of carers identified	Records showed that the practice had identified 104 patients on the practice list who were carers (1.5% of the practice list). <a href="#">This was an increase of 47 since our last inspection in October 2017.</a>
How the practice supports carers	The practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted staff if a patient was also known to be a carer.

Privacy and dignity	
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
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
Written guidance was available for staff to follow that helped to maintain patient confidentiality.	Yes

# Responsive

## Responding to and meeting people's needs

### Timely access to the service

#### Practice Opening Times

Day	Time
<b>Monday</b>	<b>08:30-18:15</b>
<b>Tuesday</b>	<b>08:30-18:15</b>
<b>Wednesday</b>	<b>08:30-18:15</b>
<b>Thursday</b>	<b>08:30-18:15</b>
<b>Friday</b>	<b>08:30-18:15</b>
<b>Saturday</b>	<b>08:00-12:00</b>

There were arrangements with other providers to deliver services to patients outside of the practice's working hours.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes

### National GP Patient Survey Results published in July 2017

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. <b>(01/01/2017 to 31/03/2017)</b>	70.8%	70.1%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" <b>(01/01/2017 to 31/03/2017)</b>	61.4%	60.0%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment <b>(01/01/2017 to 31/03/2017)</b>	82.2%	66.7%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment <b>(01/01/2017 to 31/03/2017)</b>	73.8%	63.6%	72.7%	Comparable to other practices

## Listening and learning from complaints received

The practice had a system for handling complaints and concerns.	Yes
The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.	Yes
Information was available to help patients understand the complaints system.	Yes
Number of complaints received in the period November 2016 to October 2017.	Seven
Records showed that complaints were satisfactorily handled in a timely manner.	Yes
Records confirmed that complaints were discussed at staff meetings.	Yes
Learning as a result of complaints received was shared appropriately with practice staff.	Yes

# Well-led

## Leadership, capacity and capability

Culture	
Records showed that the practice held regular staff meetings.	Yes
Minutes of staff meetings were available to those who were not able to attend the meetings.	Yes
The provider had systems to ensure compliance with the requirements of the Duty of Candour.	Yes
The practice gave affected people reasonable support, truthful information and a verbal or written apology when things went wrong with care and treatment.	Yes

Governance arrangements	
The practice had systems that helped to keep governance documents up to date.	Yes
Governance documents that we looked at were up to date and contained a review date.	Yes

Managing risks, issues and performance	
Records showed that clinical audits had been carried out.	Yes
Records showed that the practice had analysed clinical audit results and implemented action plans to address findings.	Yes
Records showed that clinical audits had been repeated to complete the cycle of clinical audit.	Yes
Records showed that clinical audits were due to be repeated to complete the cycle of clinical audit.	Yes
The practice had written guidance for staff to follow in the event of major incidents.	Yes
Written major incident guidance contained emergency contact telephone numbers for staff.	Yes

Engagement with patient, the public, staff and external partners	
The practice had an active patient participation group.	Yes
The practice gathered feedback from patients through the patient participation group.	Yes
The practice gathered feedback from patients by carrying out surveys.	Yes
The practice gathered feedback from patients through analysis of the results of the national GP patient survey.	Yes
The practice gathered feedback from patients through analysis of the results of the NHS Friends and Family Test	Yes
The practice gathered feedback from staff through staff meetings, surveys, appraisals and discussion.	Yes



### 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>.