

Care Quality Commission

Inspection Evidence Table

Avenham Surgery (1-4518572020)

Inspection date: 18 May 2018

Date of data download: 08 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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 09/05/2018	Yes
There was a record of equipment calibration Date of last calibration: 06/07/2017	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	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes*
Fire risk assessment Date of completion: 03/06/2015	Yes
Actions were identified and completed.	Yes
Additional observations: *Because the practice was situated in the Avenham Health Centre which was shared with community services, community staff acted as fire marshals. However, we saw managers assured themselves all necessary fire safety processes and procedures were in place.	
Health and safety Premises/security risk assessment? Date of last assessment: Undated	Partial
Health and safety risk assessment and actions Date of last assessment: N/A	No
Additional comments: We saw there had been a premises risk assessment for the health centre generally that had been arranged by the property management service, however, this was undated. The practice had a copy of this assessment but was unable to confirm when it was done. We saw however no actions had been identified as a result of this assessment. At the time of our inspection, the practice had recruited the services of an external health and safety and HR advisory company. We saw there were plans to carry out a full risk assessment of the practice premises. Managers used a confidential health questionnaire for all new employees to ensure staff working conditions were suitable.	

Infection control	Y/N
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Risk assessment and policy in place Date of last infection control audit: November 2017 The provider acted on any issues identified Detail: The practice enlisted the help of the clinical commissioning group (CCG) infection prevention and control (IPC) lead to conduct six-monthly audits of the practice IPC processes and procedures. We saw areas identified as in need of improvement had been addressed. When the new provider took over the practice in November 2017, the practice had reviewed the cleaning services provided and recruited a new company to introduce daily cleaning of the premises. A new cleaning schedule was put in place and there was regular audit of practice cleanliness.	Yes Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Any additional evidence

Managers had assured themselves the necessary premises safety risk assessments had been conducted; there was a current building electrical safety certificate and gas safety certificate as well as a legionella risk assessment and asbestos safety risk assessment in place.

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

Any additional evidence

The practice had comprehensive policies for staff to recognise patient emergency situations and those showing "red flag" symptoms, including sepsis.
When the new provider had taken over the practice, they worked with the local medical committee (LMC) to review the staffing of the practice. A member of the LMC chaired a practice team meeting to examine staff roles and responsibilities and to identify any gaps in service provision and possibilities for new staff working arrangements.

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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

Safe and appropriate use of medicines

Indicator	01/10/2016 to 28/02/2017	01/10/2017 to 28/02/2018	Trend
Number of antibacterial prescription items prescribed. (OpenPrescribing Labs)	873	840	-4%
Additional Comments: Data obtained from summarised, anonymised prescribing data published by NHS England showed antibiotic prescribing decreased in the five months since the new provider took over the practice compared to the same period in the previous year, despite an increase in the number of patients registered at the practice.			

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

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.	No
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
<p>Explanation of any 'No' answers / additional comments:</p> <p>At the time of inspection, we saw although there were emergency medicines in place in the practice, there was no risk assessment in place for those emergency medicines not held by the practice. We saw evidence the practice conducted a suitable risk assessment following our visit.</p> <p>*A defibrillator was kept in the community services part of the building and was accessible to the practice. We saw the practice assured themselves it was checked regularly and was safe to use.</p>	

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 six months.	Three
Number of events that required action	Two

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

Event	Specific action taken
Appointments were unfortunately booked for patients with the locum GP at a time that the GP was on holiday.	New practice procedures were introduced to ensure staff and GP holidays were visible to all staff and that this could not happen again. The session was covered by the principal GP.
There was a record of high temperatures recorded for two vaccine fridges during the time before the new provider took over the practice which had not been	The practice recorded the issue of high temperature readings as a significant event. They purchased data loggers to record and check internal fridge temperatures to ensure the safety of stored refrigerated vaccines. Staff were trained in the management of these vaccines and a new cold chain policy

reported as a significant incident or dealt with appropriately	was introduced. The practice liaised with Public Health England to ensure all necessary actions had been taken.
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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: The practice dealt appropriately with safety alerts in line with their policy. Managers were assured any necessary actions had been carried out as a result of safety alerts and information was kept in a folder for any locum staff.</p>	

Any additional evidence
<p>The practice had reviewed all safety systems and processes for the practice and had introduced new policies and procedures where necessary to ensure patient safety including for infection prevention and control, arrangements to deal with patient emergency situations, dealing with patient safety alerts and the practice business continuity plan.</p>

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	Locality average	CCG average	Level achieved
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/10/2017 to 31/12/2017) (NHSBSA - Aristotle)	0.21	0.92	4.94	Low

As this was an inspection of a new provider, any Quality Outcomes (QOF) data related to 2017/18 has not been nationally validated and has been obtained directly from the practice. Figures from 2016/2017 relate to the previous provider, however, the practice staffing and patient list generally remain the same except for the principal GP which changed in November 2017.

Indicator	Practice performance 2016/17	Practice performance 2017/18 (unvalidated data)	CCG average 2016/17
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 to 31/03) (QOF)	64%	72%	78.3%
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 to 31/03) (QOF)	69%	74%	80.4%
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 to 31/03) (QOF)	72%	75%	79.0%

Other long term conditions			
Indicator	Practice performance 2016/17	Practice performance 2017/18 (unvalidated data)	CCG average 2016/17

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 to 31/03) (QoF)	58%	86%	77.0%
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 to 31/03) (QoF)	70%	75%	90.9%
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 to 31/03) (QoF)	71%	81%	83.8%
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 to 31/03) (QoF)	63%	75%	84.9%

Mental Health Indicators			
Indicator	Practice performance 2016/17	Practice performance 2017/18 (unvalidated data)	CCG average 2016/17
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 to 31/03) (QoF)	54%	91%	89.1%
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 to 31/03) (QoF)	54%	84%	90.8%
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 to 31/03) (QoF)	100%	100%	86%

Figures for child immunisation for this new provider were only available from the practice systems. We saw the following data as evidence of immunisation rates.

Child Immunisation

Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage children aged 2 who have received their 5 in 1 vaccination (i.e. Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio Vaccine, Hib (Haemophilus influenzae type b)) (01/01/2018 to 31/03/2018) (Practice)	46	51	90.2%	Met 90% national standard
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) (01/01/2018 to 31/03/2018) (Practice)	46	51	90.2%	Met 90% national standard
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/01/2018 to 31/03/2018) (Practice)	42	51	82.4%	Below 90% Minimum (variation negative)

Data from Public Health England was not available for this new provider. The following data has been taken from QOF figures as previously described.

Cancer Indicators			
Indicator	Practice performance 2016/17	Practice performance 2017/18 (unvalidated data)	QOF target
The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04 to 31/03) (QOF)	47.5%	77%	80%
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. (01/04 to 31/03) (QOF)	80%	100%	90%

Monitoring care and treatment

Indicator	Practice 2016/17	Practice 2017/18 (unvalidated data)	CCG average 2016/17	England average 2016/17

Overall QOF score (out of maximum 559)	426	487	529	487
Overall QOF exception reporting	9.9%	2 patients (0.1%)	6.1%	5.0%

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
Any further comments or notable training: The practice used a suite of online training programmes designed to ensure all staff training was completed in a timely and comprehensive way. Staff had started this training and we saw further protected time was allocated to complete the programme. The principal GP was supervising an experienced pharmacist who had worked in the community and the hospital to undertake a local university prescribing course. This pharmacist was also training at regular intervals in the practice to understand the role of acting as a pharmacist within general practice. The practice planned to employ them as a clinical pharmacist in the practice when training was complete.	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice performance 2016/17	Practice performance 2017/18 (unvalidated)	CCG average 2016/17

		data)	
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04 to 31/03) (QOF)	54%	91%	95.7%%
The percentage of patients with any recorded long term condition who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months (01/04 to 31/03) (QOF)	72%	81%	92.7%

Any additional evidence

From practice unverified data, we saw evidence of improvement for all areas of QOF. The practice had recruited an additional practice nurse and at the time of our inspection, a new staff member had been recruited to work after a period of further training and supervision as a practice healthcare assistant and the medicines co-ordinator for the practice. Because of the increase in clinical resources, there was greater capacity to offer reviews to patients. To engage further with patients requiring a review of their long-term conditions, the principal GP had focused on patients who had complex needs or were frequent non-attenders for appointments and these patients had been invited for a review at weekly "QOF clinics".

The practice had reviewed the register of patients with hypertension and were planning further register reviews to ensure all patients with chronic disease had been identified. They had increased the number of patients on the hypertension register from 183 in September 2017 (5% of the patient list) to 243 (7%) at the time of our inspection.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	41
Number of CQC comments received which were positive about the service	41
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0
Comment: Both of the mixed reviews mentioned they could sometimes wait to see the particular GP that they wanted to see.	

Examples of feedback received:

Source	Feedback
NHS Choices	Comments posted on the NHS Choices website since the start of 2018, said patients found the principal GP very caring and understanding. Patients said they felt supported and they were cared for with empathy. We saw four comments that said staff were kind, helpful and polite, however, there were also four comments that indicated staff could be rude to patients. The practice had discussed these comments with staff and had replied online to the patients offering an apology and an opportunity to discuss it further with the practice.
NHS Choices	We saw evidence of patient feedback from four patients that said specifically that the principal GP always listened to them. Patients also commented they did not feel rushed during their appointment and they felt the GP was approachable.
Comments cards	We saw 28 cards that specifically praised the friendly and caring nature of staff at the practice. Patients commented staff were helpful and sympathetic and always did their best for patients.
Patient interviews	Patients told us they found staff caring and helpful. They said the principal GP was always good at listening to patients and explained everything in depth. They also praised the clinical staff and said they found them respectful and open-minded. All of the patients we spoke to praised the enthusiastic and dedicated nature of the principal GP.

National GP Survey results

Please Note: The following survey results relate to the survey published in July 2017 that was conducted under the previous service provider and are included here for guidance only. The surgery has used the results to inform current service provision.

Practice	Surveys sent	% of practice	Surveys	Survey Response	% of practice
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population size	out	population	returned	rate%	population
3655	380	10%	77	20%	2%

Indicator	Practice	CCG average	England average
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)	67%	76%	77%
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	78%	87%	86%
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)	94%	96%	95%
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)	79%	85%	86%
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)	89%	92%	91%
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)	80%	91%	91%

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No
<p>Comment:</p> <p>The practice told us it planned to carry out a patient survey during 2018. It had taken the opportunity to review the national GP patient survey that was carried out under the previous provider and had responded to the results by making changes to the service offered. They had employed a new regular locum GP to give patients the option of seeing a female GP as well as the new male principal GP.</p>	

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us they felt involved in decision-making. They said they were sometimes given choices and all options were described in detail.
NHS Choices	Patients commented the principal GP was very good and thorough at explaining tests and treatment and they felt valued.
Comment cards	Patients commented staff and GPs were attentive and always answered any questions. They said they felt involved in their care and treatment choices.

National GP Survey results

Indicator	Practice	CCG average	England average
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)	83%	85%	86%
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)	77%	82%	82%
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)	89%	91%	90%
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)	83%	86%	85%

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	The practice had identified 14 patients as carers (0.4% of the practice list).

number of carers identified	They were aware this was a low number and planned to improve this. The practice held an inspection feedback meeting following our inspection and sent us minutes of this meeting that showed they planned to take steps to involve receptionists more in identifying carers. They amended the carers protocol to reflect these changes.
How the practice supports carers	There was information on a noticeboard in the waiting area that indicated support available to carers and encouraged patients to identify whether they were carers. The practice offered carers an annual flu vaccination and also an annual health check.
How the practice supports recently bereaved patients	The practice contacted families who were bereaved by telephone and/or with a visit as appropriate. They signposted patients to bereavement support services.

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 main patient waiting was separated with a closed door from the reception desk although reception staff were still able to see patients waiting through the glass partitions. Patients waiting at the desk were asked to wait away from the desk. Staff were aware if a patient needed to discuss something in private, they could offer them an empty room or take them into a quiet area near reception.

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 patients	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would do this quietly and professionally.
Comment cards	Patients commented their privacy and dignity were respected. They said they felt "comfortable" visiting staff at the practice.

Responsive

Responding to and meeting people's needs

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

Note: Access to the practice between 8am and 8.30am and 6pm and 6.30pm is by telephone only.

Appointments available	
Monday	8.50am-11.40am, 1.30pm-6pm
Tuesday, Wednesday and Friday	8.50am-11.40am, 3.30pm-6pm
Thursday	8.50am-11.40am, 3pm-5pm plus emergencies pm as needed

Extended hours opening (at neighbouring surgeries)	
Weekdays	Four appointments from 6.30pm to 8pm spread over the week.
Saturday and Sunday	Three appointments over the weekend in the morning.

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 a policy for dealing with patient requests for home visits. Staff were aware of this policy and recorded all requests with as much detail as possible so the GP could assess the level of need before the visit. Staff were aware of patient symptoms that required immediate attention and would interrupt the GP if necessary to pass on information.	

Timely access to the service

National GP Survey results

Please Note: The following survey results relate to the survey published in July 2017 that was conducted under the previous service provider and are included here for guidance only. The current service provider has used the results to inform service provision.

Indicator	Practice	CCG average	England average
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%	77%	76%

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)	65%	72%	71%
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)	66%	84%	84%
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)	66%	72%	73%
<p>Additional comments:</p> <p>The practice had produced an action plan from the survey results. To address this:</p> <ul style="list-style-type: none"> • They had implemented a surgery website and a dedicated social media page to improve patient communication; • They increased the number of GP appointments available to patients and ensured there were both male and female GPs available; • They purchased a new telephone system to improve access; • They increased clinical staff resources by employing a new practice nurse and a healthcare assistant; • They commenced supervising the training of a clinical pharmacist for future employment at the practice; • They submitted a bid to the clinical commissioning group (CCG) for increased space for the practice in the building to be able to increase service provision. 			

Examples of feedback received from patients:

Source	Feedback
NHS Choices	At the time of our inspection, we saw there had been 11 comments posted on the practice site between 1 January and 30 April 2018. Of these, nine comments mentioned access to the practice or the service overall. Four of these comments were negative. One patient said telephone access was difficult and three said getting an appointment with a GP was hard. However, two patients said they could make an appointment easily and patients said they felt the service had greatly improved under the new provider.
Comment cards	Two comment cards said patients sometimes waited for an appointment with a specific GP, however, 12 cards praised all aspects of the service and a further eight cards specifically mentioned getting an appointment was no problem.
Interviews with patients	Patients we spoke to said occasionally they could wait a short time to see the GP of their choice however, they also said when they needed to be seen they could always get an appointment.

Listening and learning from complaints received

Question	Y/N
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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	No.
Number of complaints received in the six months.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1*
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:

* The practice had received one complaint since the new provider had started in November 2017. This complaint was passed to the practice for information by NHS England (NHSE) as the complainant had contacted NHSE in the first place. The practice noted it had taken some time to receive the complaint from NHSE and apologised immediately directly to the patient for the delay. They dealt with the complaint according to the practice policy and made a response to NHSE to respond to the patient as per the policy. The policy allowed for both verbal and written complaints to be recorded.

Well-led

Leadership capacity and capability

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

When the new provider had taken over the practice in November 2017, there had been a complete review of the practice services including governance systems, staffing and the practice presence and standing in the community, led by the principal GP.

The practice had been “rebranded”; it had been renamed, a new practice logo had been commissioned, staff had been given uniforms and name badges, governance systems had been improved and further clinical staff employed.

Vision and strategy

Practice Vision and values

The practice had a vision statement which was:

“To provide quality health services and facilities for the practice population in order to contribute in the creation of healthier lives within the community.

We aim to be a supportive team and create a friendly environment for patients, employees and clinical staff.

We strive to deal with all patients in a professional and polite manner”.

All staff at the practice had contributed to the content of this statement.

Culture

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

Source	Feedback
Interviews with staff	Staff we spoke to told us they felt they were a good team that worked well together, helped each other and were supported by management. They said the GPs and practice manager were approachable and helpful. Staff told us they felt comfortable raising any concerns and that managers were open to any suggestions for improvement.

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

Source	Example
Interviews with staff	The practice held a team meeting in February 2018 devoted to giving staff the chance to suggest improvements. As a result, the practice purchased new equipment including a new toaster and kettle, and replaced patient noticeboards in the waiting area. A new staff communications board was also put up in the reception office.

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

Source	Example
Significant event record	When appointments were booked for patients with a GP who was actually on holiday and the clinic had not been cancelled, the clinic was covered by the principal GP instead. We saw the patients, who were expecting to see a female

	GP, were offered other appointments if they preferred and apologies given.
Patient complaint record	We saw the practice communicated with a patient who had not been recalled appropriately as the result of an abnormal cervical screening test to apologise for the error and explain what had been done to try to ensure it did not happen again.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Meeting minutes	Staff raised the issue of incorrect patient telephone numbers, with patients changing numbers frequently. The practice produced new telephone number slips to give patients visiting the practice to try to keep the patient records updated.
Meeting minutes	There were concerns that the practice Friends and Family Test (FFT) was not being completed by many patients. The practice agreed to put together a poster to be displayed next to the forms in the waiting room to further promote the test.

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

Source	Example
Staff records	Staff immunisation records were kept by the practice to ensure relevant staff and patients were protected appropriately.
Staff interviews	The practice funded an annual social event for staff. Staff told us there was an open door policy at the surgery and they were free to raise any concerns with managers and were encouraged to ask any questions. They told us they were made to feel valued members of the team.
Staff records	Staff were offered an annual appraisal to assess learning needs and were given protected time to undertake training.
Meeting minutes	Staff were praised for their hard work in improving practice services since the new provider took over the practice.

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

Source	Example
Staff training matrix	Staff were trained in respecting equality and diversity.

Examples of actions to improve quality in past six months

Area	Impact
Infection prevention and control (IPC)	The practice had arranged for an IPC audit to be carried out at the surgery. They changed cleaning arrangements for the practice and introduced daily cleaning schedules and audit. They introduced IPC topics as a standing agenda item at practice meetings. This meant the practice premises were clean and safe for staff and patients.
Practice online presence	The introduction of a new practice website and social media page gave improved communication for patients.
Practice governance	The review and implementation of new practice governance systems

systems	led to safe and effective governance of the practice to ensure improved staff and patient safety and a more effective service.
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Examples of service developments implemented in past six months

Development area	Impact
Review of staffing resources, roles and responsibilities	The practice asked the Local Medical Committee to chair a meeting to look at staffing provision for the practice with a view to providing better patient access to services and improving the management of patient long-term conditions and QOF achievement. As a result, the practice recruited an additional practice nurse, a healthcare assistant and planned to recruit a clinical pharmacist. The practice improved the care and treatment it was able to offer patients, improved patient access to appointments and increased patient satisfaction with the practice.
To provide patient access to both male and female GPs	The practice recruited a long-term regular locum female GP to give patients the choice of seeing a male or female GP.
To provide training for medical students	The principal GP applied for and was accepted as a GP trainer so the practice could offer training to medical students.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	There were documented procedures to manage patient complaints and significant events. All these were discussed in a timely way, shared at practice meetings and actions taken as a result reviewed as necessary. Records were kept for future reference for permanent and locum staff.
Practice specific policies	Policies and procedures were dated and reviewed according to a planned programme. They were consistent with best practice guidelines and any relevant legislation. Staff were informed of any new or changed policies and they were available for reference at all times both online and in printed form.
Quality improvement programme	Managers kept a programme of quality improvement to ensure it was central to practice service delivery.
Staff meetings	The practice held regular staff meetings to ensure good communication channels were maintained and staff had every opportunity to contribute to the development of the practice.
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
Staff safe working conditions.	The practice identified that there was insufficient risk assessment of working conditions for new staff. They introduced a confidential health questionnaire for new staff to ensure there were safe working conditions. They also procured the support of an independent company to assist and advise on HR issues.
Storage of refrigerated vaccines.	The practice reviewed the process for the storage of refrigerated vaccines and introduced a new cold chain policy and procedure to detail arrangements. They purchased additional monitoring equipment and trained staff in following this policy.

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 communication noticeboards. Friends and Family Test.	Patient feedback was encouraged by the practice. They used noticeboards to display health and service information and invite patients to join the patient participation group. Patients reported to us they felt well-informed.
Public	NHS Choices website. Social media website. Letters to local schools.	The practice responded to comments on the NHS Choices website and reported improvements in service. The practice social media website promoted healthy living. Letters to local schools introduced the practice and aimed to promote healthy lifestyles. The practice said they had observed a rise in the number of registered patients of 6% in the last year.
Staff	Staff appraisals. Regular staff meetings and minutes. Staff communications board.	Staff told us they felt included in service developments. They said they felt listened to, they could speak to managers at any time and they were kept informed.
External partners	Practice locality meetings. CCG development meetings. Meetings with local community services.	The practice was supported by local practices, initially in providing extended hours appointments. They worked in collaboration with staff from the CCG to achieve good outcomes, such as in the area of medicines management and achieving the CCG quality contract. The principal GP had met with staff from local

		community services such as Disability Equality North West and the Pukar Centre (a disability resource centre) and aspired to embed the practice into the local community.
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Feedback from Patient Participation Group (PPG);

Feedback
Members of the PPG that we spoke to said they found the meetings arranged with the practice were very useful. They said they felt better informed because of them. They confirmed they were sent a form before each meeting asking for any suggestions for the agenda. They also said they felt their suggestions and concerns were listened to and acted upon by the practice.

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

Examples	Impact
The practice redesigned the practice leaflet. They consulted with the PPG before the final version was published.	The front cover was changed as a result of the consultation to give a larger font in one area to make it easier to read.
The PPG was asked for any suggestions for improvement to the practice. They suggested a clock in the waiting area was changed to get rid of the “annoying” ticking sound.	The practice changed the clock which made waiting for appointments more amenable for patients.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had taken the opportunity to review staffing skill mix when the new provider took over the practice. They employed a new female locum GP, a practice nurse and healthcare assistant.	A wider skill mix of clinicians gave better access for patients and helped the practice to provide care and treatment for patients with long-term conditions to give better QOF results.
The practice became a training practice for medical students.	Benefits included more quality improvement work being done in the practice such as the production of patient information leaflets.
The cleaning schedule for practice premises was reviewed and a new cleaning company was employed and regular audit of cleaning introduced.	Improved infection prevention and control giving a safer and more pleasant environment for patients.

Examples of improvements demonstrated as a result of clinical audits in past six months

Audit area	Impact
Audit of medicines prescribed for new urinary tract infections.	Best practice prescribing of medicines for patients suffering from these infections.
Audit of the recall of patients who had not attended for cervical cytology screening.	Better recall systems to ensure patients who have already been invited twice to attend for cytology screening are invited a third time.

Any additional evidence

The principal GP was supervising an experienced pharmacist to undertake a local university prescribing course. This pharmacist was also training at regular intervals in the practice to understand the role of acting as a pharmacist within general practice. The practice planned to employ them as a clinical pharmacist in the practice when training was complete.

Due to increased staffing and to support more involvement with the local community, the practice had put in a bid for more rooms in the health centre with the CCG.

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>