

Care Quality Commission

Inspection Evidence Table

Vesta Road Surgery (1-592925703)

Inspection date: 30 May 2018

Date of data download: 01 June 2018

Safe

Safety systems and processes

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

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers: n/a	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:</p>	<p>Yes 23 Feb 2018</p>
<p>There was a record of equipment calibration Date of last calibration:</p>	<p>Yes 23 Feb 2018</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment Date of completion Actions were identified and completed.</p>	<p>Yes 28 Sept 2017</p>
<p>Additional observations: An issue was identified during the last fire risk assessment in September 2017 which was for the practice to ensure that the fire alarm is tested on a weekly basis and the tests recorded. At this inspection we saw fire alarm tests were done weekly and recorded. Fire safety checks are done monthly to ensure compliance.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment:</p>	<p>Yes 28 Sept 2017</p>
<p>Health and safety risk assessment and actions Date of last assessment: Actions were identified and completed.</p>	<p>Yes 28 Sept 2017</p>
<p>Additional comments: An issue was identified during the assessment that required action which was for the practice to ensure that the fixed electrical circuit inspection had been carried out in the last 5 years. The practice arranged for an electrical test inspection which was carried out on 24.3.2018.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified. Detail: n/a	Yes 19 April 2018
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers: n/a	

Any additional evidence
n/a

Risks to patients

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

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017) _(NHSBSA)	0.67	0.77	0.98	Variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) _(NHSBSA)	13.6%	9.0%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	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 Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

n/a

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	10
Number of events that required action	10

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

Event	Specific action taken
A child patient was seen and was issued with Clobetasol cream instead of Clobetasone. The prescribing doctor made an error due to the similarities in the names of these medicines.	Staff contacted the patient's mother and sent an apology letter. While both creams can be prescribed for children, the prescription was corrected. The incident was discussed in the clinical meeting to make all clinicians aware of the similarities in names of medications.
A patient was referred to the ENT clinic at the Urgent 2WW cancer clinic and he was not seen by the clinic within 2 weeks. The patient contacted the surgery to say he had not received an appointment.	The surgery got in touch with the ENT clinic and they offered him the next available appointment. The surgery then informed the patient that he had a confirmed booking. The event was discussed in the clinical meeting and actions identified. 2WW urgent referral appointments would be monitored by the reception staff to ensure that the patient is seen at the clinic. Once a referral is made the staff check the patient has been seen in the relevant clinic and confirm if the patient has attended the appointment.
The practice has two patients with similar names registered. The reception staff gave the local pharmacy the wrong patient's prescription. The pharmacy staff identified this error and returned the prescription to the surgery.	The practice ensured that the prescription was given to the correct patient. The incident was discussed in the practice team meeting. The reception staff keep a list of all pharmacy prescriptions. They check the list of patient names against the prescription that is being given to the pharmacy staff and ensure the correct prescription is being handed over. The pharmacy name is also identified in the medication section of the computer records and all electronic EPS prescriptions have a nominated pharmacy.

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 system in place ensured that the lead GP received all alerts and that actions were identified and recorded. Staff checked the alerts to see that action had been taken. Alerts were stored electronically on the practice's computer system and staff could access them when they needed to.</p>	

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Any additional evidence

n/a

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)	0.41	0.46	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)	74.4%	76.9%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (15)	9.5%	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)	86.8%	78.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (6)	8.6%	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 (01/04/2016 to 31/03/2017) (QoF)	73.9%	78.3%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	17.4%	(38)	11.5%	13.3%	
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Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QoF)	75.2%	74.6%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (5)	4.0%	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)	93.1%	88.8%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.6% (10)	8.2%	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)	81.4%	81.3%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (11)	4.1%	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. (01/04/2016 to 31/03/2017) (QoF)	76.0%	81.7%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (4)	10.2%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	85	87	97.7%	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)	51	58	87.9%	Below 90% Minimum (variation negative)
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)	48	58	82.8%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	51	58	87.9%	Below 90% Minimum (variation negative)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	71.1%	69.1%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	57.6%	64.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	37.1%	44.2%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	100.0%	79.5%	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)	98.4%	89.4%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (5)	8.8%	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)	95.5%	91.0%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (2)	6.5%	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)	97.2%	84.4%	83.7%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (4)	5.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	549	543	539
Overall QoF exception reporting	4.4%	5.0%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>n/a</p> <p>Any further comments or notable training:</p> <p>n/a</p>	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.9%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (3)	0.5%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	81.8%	65.2%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. The practice monitored the process for seeking consent appropriately. We saw a template for consent to vaccination which patients are required to sign. Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision about care and treatment. We saw an example of how the practice records consent. The practice had a medical report consent form for patients to sign to confirm information from their medical record could be sent to their employer.

Any additional evidence

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given in 2016/17 were below the target percentage of 90% or above. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice failed to achieve the target in three areas. The practice told us that they were aware of these results and all delayed and childhood immunisation decliners were contacted by a GP in a bid to improve uptake of childhood immunisations. The practice shared with us unverified 2017/18 results for childhood immunisation uptake which showed the practice had achieved the target percentage of 90% in the four areas measured.

QMS (Quality Medical Solutions) results for 2017/18 childhood immunisations:

The number of registered patients who are aged 2 but not yet 3 who have completed a DTaP/IPV/Hib primary course 89 – percentage achieved 96%

The number of registered patients who are aged 2 but not yet 3 who have received an MMR 1st dose 84 – percentage achieved 90%

The number of registered patients who are aged 2 but not yet 3 who have received a MenC 1st dose 81 – percentage achieved 87%

The number of registered patients who are aged 5 but not yet 6 who have received a DTaP/IPV booster (and DTPPH primary course) 60 – percentage achieved 75%

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	24
Number of CQC comments received which were positive about the service	24
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Patients said they felt the practice offered excellent service and staff were helpful, caring and treated them with dignity and respect.</p> <p>We saw examples of the practice providing individualised care to support vulnerable patients. Patients told us that they felt the practice cared about their health and gave them support to improve their wellbeing. They described examples where staff provided them with information and contact details of local services that can offer additional support to patients.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6,286	371	5.9%	105	28.30%

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)	76.2%	77.9%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	78.0%	88.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	93.0%	94.7%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	74.8%	83.5%	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)	78.2%	87.2%	91.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	80.3%	87.5%	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
January 2018	The practice still scored below the national average in the National GP Patient Survey in relation to satisfaction with both doctors and nurses. As the response to the National GP Patient Survey was very low, the practice carried out their own internal survey asking for patient's views and opinions based on their last consultation. We saw the practice's survey results; however, there was insufficient evidence to show that the practice's survey questions were comparable to the National GP Patient Survey. It was not clear that patient satisfaction with consultations had improved.

Any additional evidence
The practice provided evidence of an action plan to address this and other areas from the practice survey which were lower than the national average. For example, the practice implemented clinician peer review (specifically for consultation) to ensure patient satisfaction was discussed in weekly clinical meetings and GPs used online consultation model e-learning tool kits to improve their consultation style.

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 about the care and treatment they received. They told us they felt listened to and supported by their doctor and had sufficient time during consultations.
Comment cards	Patients described how the receptionists, nurses and doctors were approachable and treated them with respect, empathy and sensitivity.

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)	66.8%	84.3%	86.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	61.5%	78.7%	82.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	75.3%	86.7%	89.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	67.3%	81.4%	85.4%	Variation (negative)

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 proactively identified patients who were carers. The practice had identified 62 patients as carers (3.9% of the practice list).
How the practice supports carers	There was information about support services for carers in the waiting area. The practice gave out a carer's pack to help signpost carers to the local support services. The practice offered carers flexible appointment times and invited them for annual influenza vaccinations.
How the practice supports recently bereaved patients	Staff told us that when families had experienced bereavement, the practice sent them a letter of condolence and the Practice Manager will call the family and offer advice on how to find 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	Staff recognised the importance of patients' dignity and respect. Reception staff knew that if patients wanted to discuss sensitive issues or were distressed, they could offer them a private room to discuss their needs. Staff made efforts to maintain privacy and confidentiality at the reception desk. They kept surfaces clear of paperwork, locked their computer screen, and removed their smart card when away from their desk.

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

Source	Feedback
Comment cards	A patient who had a long-term condition described how staff are helpful. The patient described how staff go out of their way to provide people with information and contact numbers of support services.
Staff	Reception staff described how they will use a private area to help patients who are distressed or who want to talk confidentially

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-19:30
Thursday	08:00-18:30
Friday	08:00-18:30
Saturday	09:00-12:30

Appointments available	
Extended hours opening	Yes

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 practice had identified patients who were vulnerable or who would have difficulties accessing the service and flagged them on their computer system. Requests for home visits were added to the home visit list and the duty doctor determined whether the visit was necessary and the urgency. If an urgent request was received, reception staff advised the duty doctor immediately on receipt of the request.</p>	

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)	79.3%	78.1%	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?" (01/01/2017 to 31/03/2017)	91.1%	65.4%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	79.2%	71.4%	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)	74.2%	69.2%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	
Patient interview	Patients said they could access appointments easily.
Comment cards	Patients said it was easy to get an appointment including in an emergency or book an appointment on the same day. Patients were satisfied with the appointment system.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The complaints procedure was clear, with timely responses and evidence of the whole practice team learning from investigations.	

Any additional evidence
n/a

Well-led

Leadership capacity and capability

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

The practice had prepared for the organisational challenges of digitisation of patient medical records. Staff had received training and there were protocols in place for maintaining the privacy of patient data. Electronic health records are digital records of a patient's health and care. The practice previously had several paper and electronic records stored in various settings. Patient records were organised and stored electronically in one place.

Vision and strategy

Practice Vision and values

There was a clear vision and set of values to provide patients with high quality, personalised and holistic care. There was a formal governance structure in place to ensure priority areas of improvement were highlighted, risks identified and actions planned. All staff were aware of the vision and we saw that this translated into the action of the practice.

Culture

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

Source	Feedback
Staff	Staff told us that all practice staff worked together as a team. Staff told us that the GPs and managers were very approachable. Leaders encouraged staff to raise concerns. Staff said they felt confident that managers would address their concerns and issues raised.

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

Source	Example
Staff	Patients used to come in to reception and leave a specimen without speaking to a receptionist. Sometimes there was no form left with the specimen that identified the patient and these specimens had to be disposed of. The reception team spoke to the GP about this issue. The practice changed the process and GPs ensured the receptionists kept a stock of forms which were ready to be given to patients along with a sample container.

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

Source	Example
Records and staff	A patient wrote to NHS England regarding the referral process to the Rheumatology clinic at University Hospital Lewisham and their personal information being discussed at reception. The practice wrote to the patient and apologised. The incident was discussed at the practice clinical meeting to ensure that the practice learned from it. The practice reviewed the referral procedure. A detailed explanation of the referral process is required when doctors make any referral. Referrals are sent to a central booking system and appointments are

	issued by the E-Referral call centre.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	The practice monitored children at risk. GPs attend safeguarding meetings and there were minutes of meetings with health visitors. We saw that twelve children were on the child protection register.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Example
Staff	The practice considered their staff and treated staff fairly. There was an inclusive culture. The practice had an Equality and Diversity policy which was accessible to staff.
Staff	All staff attended practice team meetings. This provided an inclusive culture for non-clinical staff and assisted in providing improvements to the quality of service.

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

Source	Example
Records and staff	The practice had an Equality and Diversity policy. Staff had completed training in Equality and Diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
Records and staff	Uptake rates for childhood immunisations were below the national target percentage of 90% or above. The practice told us that they were aware of these results and staff contacted all delayed and childhood immunisation decliners, in order to improve uptake of childhood immunisations. There was an increased percentage of children immunised at the surgery following this practice improvement activity.
Records and staff	The practice had carried out an audit of DNAR. There was an established system of sharing DNARs with other services including district nurses, palliative care services and ambulance services. DNAR stands for Do Not Attempt Resuscitation.

Examples of service developments implemented in past 2 years

Development area	Impact
Diabetes care	We saw a two-cycle audit for 246 people registered with diabetes at the practice. The aim of the audit was to review how many people with diabetes had received all eight of the NICE recommended key health checks and measures. Results of the first audit in October 2017 showed the percentage of diabetic patients who had received all eight health checks was 35% and the follow up audit in March 2018 showed an improvement of 49%.
Medicine prescribing	The practice conducted medicines audits. For example, the practice had reduced prescriptions in broad spectrum antibiotics prescribing (co-amoxiclav, cephalosporins and quinolones). We saw evidence of a two-cycle audit which assessed antibiotic prescribing for sore throat against NICE guidelines.

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	Learning from complaints and significant events was communicated to all staff. Actions were identified in team meetings and minutes were recorded.
Practice specific policies	Safeguarding vulnerable adults and children, infection control policy, health and safety policy, medical emergency policy, duty of candour policy, information governance policy, confidentiality policy.
Other examples	Harassment and bullying policy

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
Fire safety	Fire risk assessments were carried out annually. Fire alarm tests are done weekly and recorded. Checks are done monthly to ensure compliance. Sept 2017
Health and Safety	The practice ensured that the fixed electrical circuit inspection had been carried out in the last 5 years.

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 survey	The practice considers patient survey results and undertakes its own patient surveys.
Public	PPG	The practice actively engages with the Patient Participation Group and meets with them every four to six weeks.
Staff	Engagement	Staff said suggestions are encouraged and discussed in the team. Staff identify opportunities for further training to develop their roles.
External partners	Clinical Commissioning Group, Adult and Social care agencies	The practice engages effectively with the CCG and local services to get involved in audits and pilots and to assist learning and development and improve quality.

Feedback from Patient Participation Group;

Feedback

The Patient Participation Group (PPG) reported that the practice involved them and considered their suggestions.

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

Examples	Impact
The practice involved the PPG in discussions following the closure of the local walk in centre and a local GP practice closure.	Patients benefitted from learning about the practice's plans to enlarge the premises to meet a growing list size.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Planned audit schedule	Improved care for patients, for example improved monitoring of patients with diabetes.

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

Audit area	Impact
Antibiotic prescribing – Acute sore throat audit	The practice improved compliance when it did a two-cycle audit based on NICE guidance for the number of patients where self-help advice, safety netting advice or the TARGET Treating your infection RTI leaflet was shared.
Eight care processes diabetes audit	The practice measured the effectiveness of provision of diabetes care against NICE Clinical Guidelines and NICE Quality Standards using the eight care processes. Results of this two-cycle audit showed an improvement.

Any additional evidence

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>