

Care Quality Commission

Inspection Evidence Table

Dr Cassidy and Partners (1-565674714)

Inspection date: 16 May 2018

Date of data download: 03 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)	No*
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: *Non-clinical staff had not received formal training in safeguarding procedures. Staff we spoke with on the day of inspection demonstrated a good understanding of safeguarding principles. We saw evidence that immediately after our inspection all staff undertook adult safeguarding training. Training for safeguarding children was to be completed during the protected learning session on 24 May 2018. We noted that basic safeguarding training was provided during induction for new starters.	

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.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	No
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any 'No' answers:</p> <p>On the day of inspection the practice was unable to demonstrate that all staff had recommended immunity status for specific viruses as recommended by PHE guidance. Risk assessments for staff who had declined vaccines were not available. Records to demonstrate immunity status for all clinical staff were not available. Clinical staff we spoke with advised that they had received the necessary vaccines. Following our inspection the practice submitted evidence to demonstrate immunity status for clinical staff. The practice informed us that they would collate records for all staff vaccinations following our inspection and undertake risk assessments where needed for any staff declining vaccination or testing.</p> <p>The practice did not have adequate systems to ensure that all staff requiring registration with an appropriate body had such. During the course of our inspection it was identified that the registration for a member of the nursing team had lapsed. We were informed that the staff member concerned would be given amended duties until their registration was re-established.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: November 2017	Yes
There was a record of equipment calibration Date of last calibration: November 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 No fire drills have been undertaken for two years.	Yes*
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: August 2017	Yes
Actions were identified and completed.	N/a
Health and safety Premises/security risk assessment? Date of last assessment: August 2017	Yes
Health and safety risk assessment and actions Date of last assessment: August 2017	Yes

Infection control	Y/N
<p>Risk assessment and policy in place.</p> <p>Date of last infection control audit: May 2018</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>No actions identified in last room audits.</p>	<p>Yes*</p> <p>n/a</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Additional comments:</p> <p>* We saw evidence of weekly audits of clinical rooms to ensure cleanliness and infection control. The premises were well maintained and we did not identify any concerns in relation to Infection Prevention Control (IPC). However we did not see a systematic approach to infection control, for example through a recent annual infection control audit and appropriate follow on risk assessments. Following our inspection we were sent evidence of a full IPC risk assessment undertaken in November 2012 and review undertaken in July 2014 we were informed that the practice had made contact with the CCG locality lead for IPC and planned to undertake a full audit in June 2018.</p>	

Any additional evidence
<p>The practice was clean and well maintained. Staff we spoke with were aware of their infection control responsibilities.</p>

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No*
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: *Receptionists had not received training to enable them to identify 'red flag' symptoms of sepsis. Clinical staff had a good understanding of sepsis and the required action to take for patients presenting at risk. We were informed shortly after our inspection that training had been arranged for all staff to be undertaken on 24 May 2018 during the protected learning time session.	

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:	

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	1.38	1.04	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	8.6%	6.9%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/a
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

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.	5
Number of events that required action	5

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
During the NHS 'Cyber Attack' the practice computer systems were down and a handwritten prescription was altered by a patient, in an attempt to receive a higher dose of medicine than prescribed.	The practice was alerted by the pharmacy and a prompt investigation was undertaken, with reports made to appropriate authorities as required. The practice reviewed its protocols and a decision was made to write quantities in alphabetic format rather than numeric to reduce the risk of recurrence.
A patient collapsed in the waiting room.	The practice shared learning from this event. Whilst they were satisfied that the patient received the best possible care it was noted that there was some difficulty in manually transporting the patient to a treatment room. A decision was made to purchase a scoop to enable quicker and safer transport of patients in the future.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Alerts were received digitally by the practice manager who disseminated them to the clinical team for action. Alerts relating to medicines were also reviewed and actioned by the locality pharmacist visiting the practice each week. Alerts were discussed at weekly clinical meetings and hard copy records were kept within the practice.</p>	

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)	2.46	0.93	0.90	Variation (negative)

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)	81.1%	78.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.8% (195)	15.7%	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)	79.3%	78.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.7% (106)	11.4%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	82.3%	80.9%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.9% (162)	15.9%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	91.8%	79.5%	76.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.8% (235)	11.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.8%	92.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.8% (53)	14.4%	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)	88.5%	81.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (104)	5.3%	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)	95.9%	89.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (10)	6.7%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	148	155	95.5%	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)	167	172	97.1%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	168	172	97.7%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	166	172	96.5%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	65.6%	71.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.8%	73.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	43.2%	53.8%	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)	66.7%	63.3%	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)	98.1%	86.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.4% (15)	16.6%	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)	93.1%	93.0%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.4% (9)	15.5%	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)	93.7%	84.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (4)	8.2%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	545	539
Overall QOF exception reporting	11.1%	7.2%	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.	No
The learning and development needs of staff were assessed	Yes*
The provider had a programme of learning and development.	No
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>Two members of staff were awaiting completion of the immunisation update course before commencing immunisations. Whilst an accredited online training programme had been purchased by the practice, records of training were blank.</p> <p>Any further comments or notable training:</p> <p>* The practice provided appraisals for staff and learning and development needs were discussed. However there was no system of formal clinical supervision in place for nursing staff, in particular for those in advanced roles, including non-medical prescribing. Training records for nursing staff were maintained and training for management of specific conditions and treatment was provided as required. Following our inspection the practice provided copies of a newly developed formal supervision programme for its nursing staff and advised that it intended to initiate the programme with immediate effect.</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%	94.8%	95.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (15)	1.0%	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)	55.9%	56.4%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent forms were used for specific procedures as appropriate.

Any additional evidence

* Palliative care patients were discussed bi-monthly during multi-disciplinary team meetings for safeguarding. We reviewed minutes for the last two meetings (January and March 2018) and noted that palliative care patients were not discussed due to there not being a district nurse present.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	60
Number of CQC comments received which were positive about the service	53
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	3

Examples of feedback received:

Source	Feedback
Comments cards.	Patients commented that they found the staff at the practice to be friendly, helpful and polite. GPs and nurses were praised for the high level of care and support patients felt they received. Patients stated that GPs had been supportive and shown compassion when needed.
Interviews with patients.	We spoke with seven patients on the day of inspection and all advised that they found staff were friendly, professional and accommodating to patient requests. Patients told us that GPs were good at listening to their concerns and informing them of the treatment options available to them. Patients told us they felt they were given adequate time in appointments and that the standard of care was good. All patients we spoke with advised that they would recommend the practice to anyone moving into the area.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
11,483	357	3%	105	29.41%

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)	48.8%	72.9%	78.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	70.9%	85.0%	88.8%	Variation (negative)
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)	83.4%	93.7%	95.5%	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 treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	68.2%	81.1%	85.5%	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 listening to them (01/01/2017 to 31/03/2017) (GPPS)	94.1%	91.8%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	86.9%	89.9%	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
April 2016-March 2017	Two GPs undertook patient feedback surveys relating to the quality of their consultations and patient satisfaction. Results were positive. For example, 34 out of 35 patients stating they were happy with the GPs listening. We saw that the GPs had reflected on negative comments to assess any improvements that could be made.
December 2017	The practice undertook a survey to gauge patient satisfaction with the telephone triage system. Results were positive with the majority of patients satisfied with the manner in which their GP call back was dealt with and satisfaction that an appointment had been arranged when necessary.
Ongoing	<p>The practice sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from April 2017 to March 2018 showed that 90% (27 of the 30 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.</p> <p>In addition the practice had used Mjog since February 2018 to review patient satisfaction. Results from Mjog responses collected between February and May 2018 showed that 81% (123 of the 151 responses received) of patients who had responded would recommend the surgery.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the GPs and nurses were good at ensuring their personal decisions were taken into account when discussing treatment options.

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)	69.8%	82.4%	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)	62.3%	76.3%	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)	92.1%	89.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	83.8%	83.2%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 99 patients as carers (less than 1% of the practice list).
How the practice supports carers	The practice's computer system alerted GPs if a patient was also a carer. There was a carer's noticeboard and written information was available to direct carers to the various avenues of support available to them.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice waiting area was designed so that seating was situated away from the reception desk. In response to feedback the practice had placed footprint markers on the floor to ensure patients waiting to speak to reception allowed enough space for patients talking to reception staff to do so discreetly. All calls were answered in the enclosed office behind reception to ensure caller confidentiality was maintained,

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:	Yes

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.
Staff interviews	Staff told us they made efforts to ensure patient confidentiality by enabling patients to discuss issues in a private room if necessary. We were told that there was space available to enable patients to wait to be seen in a separate room if they needed to.

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
Appointments available	
	The practice operated a triage system and appointments were offered throughout the day following GP call back. In addition, pre-bookable appointments for each GP were released daily.
Extended hours opening	
Monday to Friday	18.30 -19.00

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>Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.</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)	78.5%	78.3%	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)	32.5%	58.1%	70.9%	Variation (negative)
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)	60.3%	71.5%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	58.3%	65.6%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Comments cards	We reviewed many comments from patients stating that they were able to access urgent, on-the-day appointments whenever they needed them. We received 60 comments cards and six of these commented on difficulties accessing appointments on occasion and in particular problems with the telephone system.
Interviews with patients	Patients we spoke with told us they were able to book urgent appointments when needed. We were told that GPs were prompt to return calls and arrange appointments or provide advice as needed. One patient informed us that they found it hard to book routine future appointments. This patient was aware of the online appointment booking system but had not used it to book appointments.

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.	15
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice did not undertake a routine analysis of complaints to identify trends. We saw that complaints were reviewed as they occurred and identified areas of learning or improvement were shared.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>The practice had a mission statement which was:</p> <p>“The practice aims to provide high quality care within the available resources and adapt to the changing landscape in provision of care. The practice aims to be financially efficient making best use of its capacity and resources. The practice is working towards developing a highly skilled workforce with high morale and good work life /balance.”</p>

Culture

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

Source	Feedback
Interviews with staff	Staff we spoke with told us they felt they were a good team that worked well together. They said that the practice manager had an open door approach and was accessible. Some staff commented that they were not always informed of outcomes of concerns raised or changes made. Some staff also reported their frustrations with the appointment system and the difficulties in booking future appointments for patients requesting them.

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

Source	Example
Interviews with staff	<ul style="list-style-type: none">• The practice had improved its processes for managing controlled drug prescriptions; changing from paper based to digital records. Staff commented that this had seen a marked reduction in the number of mistakes made.• The practice had implemented a telephone triage system in an attempt to improve access to appointments.

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.	A prescribing error that lead to contraindications for a patient and resulted in hospitalisation. The practice was prompt to investigate and ensure that changes were made to their internal systems to reduce the risk of recurrence. The patient was offered a full explanation and apology.
Patient complaint record.	Following a complaint from a patient relating to the treatment they had received the practice conducted an investigation and contacted the patient to explain practice protocol and reassure them. The patient was offered a face to face discussion but declined.

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 interviews	The practice enforced a zero tolerance approach towards violent and aggressive patients which staff informed provided them with reassurance.
Staff records	Staff were offered an annual appraisal to assess their learning needs and were given protected time to undertake training.
Staff training	The practice provided safety training for its staff, for example fire safety and general health and safety training.
Working arrangements	The practice supported staff wishing to work flexibly and the majority of the administrative team worked on a part-time basis.

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

Source	Example
Interviews with staff	The practice promoted equality and diversity through a policy which was accessible to all staff. There was an inclusive culture.

Examples of actions to improve quality in past 2 years

Area	Impact
The Quality and Outcome Framework (QOF)	The most recent published QOF results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 94%. This high achievement showed positive patient clinical outcomes in the year.
Audit of the prescribing of antimicrobial drugs.	The practice worked with the CCG to review its prescribing of antibiotics. This targeted monitoring had seen a reduction in prescribing of these medicines and reduced occurrence of avoidable prescribing.

Examples of service developments implemented in past 2 years

Development area	Impact
Clinical staff shortage.	In response to difficulties recruiting GPs the practice had employed an additional advanced nurse practitioner to maximise patient access to appointments.
Improved monitoring and pre-testing for patients.	The practice had expanded services to improve access to services within the locality. For example the practice offered in house D-dimer and BNP testing. (D-dimer tests identify signs of blood clots and BNP testing can identify signs of heart failure).

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	We saw that the practice reviewed complaints and significant events as they occurred to improve safety and identify risk. The practice did not undertake a routine analysis of significant events or complaints to identify trends.	
Practice specific policies	The practice had a range of policies available to support the delivery of good quality care. However there were gaps in these policies and the structures they established. For example, the practice did not have established processes for maintaining oversight of staff qualifications, competences and registration with appropriate bodies as required.	
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
Aggressive drug dependant patients	Due to increased and repeated challenging behaviour from some patients when collecting their prescriptions the decision was made to encourage some patients to collect their prescriptions from the preferred pharmacy. This was done in an effort to alleviate agitation in patients wanting their medication urgently. Staff advised that this action had reduced the number of cases of aggressive behaviour.
Lack of COSHH (Control of Substances Hazardous to Health) assessments.	During a health and safety risk assessment it was identified that the practice did not have COSHH risk assessments in place. This was actioned swiftly to reduce the associated risk.

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 surveys.	Patients' satisfaction with the triage system was gauged to enable further improvements.
	Use of Mjog technology to enable two way digital communications.	The use of digital communications with patients to reduce the number of wasted appointments and to encourage uptake of national screening programmes.
	Engagement with the patient participation group (PPG).	Regular engagement to share practice developments.
Public	Practice website.	Improved flow of information to and from the practice. Increased awareness of locally available services.
Staff	Open door policy. Staff appraisals.	Open and transparent communication. Staff felt there was opportunity to develop and progress. Some staff advised that more formal structured practice meetings were required to improve communications and enable all staff to be involved in developments.

External partners	Regular engagement with stakeholders. Active participation in local GP cluster meetings.	Meeting as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future.
	Regular multi-disciplinary meetings for safeguarding.	Ensured vulnerable patients received adequate support and where necessary were protected from harm.
	Use of digital communication channels and shared electronic systems.	Enabled information sharing across the locality and improved outcomes for patients.

Feedback from Patient Participation Group;

Feedback

Members of the PPG we spoke with said they were informed of changes occurring within the practice. They felt the practice was open and honest with them and took on board their comments. They advised that they weren't always sure of the outcomes of queries or suggestions made. They told us they were happy with the service provided although one member did advise that some further consideration needed to be given to the provision of pre-bookable appointments. Members informed us that they were not aware of any specific developments or changes they had contributed to. However, following feedback from the group, the practice intended to seek input from a partially sighted member of the PPG when planning the redecoration of the practice.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Aim to become a training practice.	Improved access to GPs for patients.

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

Audit area	Impact
Audit of contraceptive coil insertion and removal.	Ensured that risks to patients were minimised as procedures for undertaking pre coil swabs were working effectively resulting in reduced risk of infection. Similarly patients were noted to all be receiving pre-coil counselling. The audit identified the need to encourage more patients to attend follow up appointments which would reduce the risk of complications or problems being undiagnosed.
Audit of medicines used for the treatment of bone thinning conditions.	Risks to patients who had been taking medicines for a prolonged period were reviewed and patients were recalled accordingly for review. A process for regularly recalling these patients was established to ensure effective monitoring of their medicines.

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>