

# Care Quality Commission

## Inspection Evidence Table

### Clifton Hampden Surgery (1-4172588721)

Inspection date: 22 May 2018

Date of data download: 24 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.	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: November 2017	Yes
There was a record of equipment calibration Date of last calibration:	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 marshal	Yes
Fire risk assessment Date of completion:	Yes September 2017
Actions were identified and completed.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 10 May 2018
Health and safety risk assessment and actions Date of last assessment:	Yes 10 May 2018
<p>Additional comments:</p> <p>The practice manager used a health and safety checklist to undertake a monthly review of general safety and fire safety within the practice. Records of the monthly checks were held and action identified was recorded including when the action was completed.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified	Yes May 2018
Detail: The practice had commenced a programme of replacing chairs covered with fabric	

requiring a six monthly clean with fabric that was impermeable and could be wiped clean.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes

<b>Any additional evidence</b>
The practice had a rolling programme of monthly checks on safety.

## 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:	
<p>Reception staff had guidance on identifying patients with urgent needs or those who needed prioritisation. This included symptoms potentially indicating a number of medical conditions. However, we discussed the range of guidance available with the practice and they immediately commenced work on reviewing the guidance to ensure it covered a sufficient range of medical conditions, including sepsis.</p>	

## 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: Not applicable	

## 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)	1.2 in 2017 but reported by CCG as improving.	0.83	-	-
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	14.5% from September 2017 to February 2018	10.1%	-	-

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).	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).	
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.	
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and .risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
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Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	No
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Explanation of any 'No' answers:</p> <p>The practice had not received any requests to produce prescription labels in other formats. Should this be required the practice would review their processes and take action to meet the patient's needs.</p> <p>Any other comments on dispensary services:</p> <p>The practice did not offer a medicines delivery service from the dispensary. The geographical area covered by the dispensary made home delivery impractical.</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 12 months.	29
Number of events that required action	26

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

Event	Specific action taken
Dispensing a medicine with a similar name.	Dispensary stock moved to reduce possibility of picking the wrong medicine of a similar name when making up a prescription.
A medicine issued that should have been removed from patient's prescription.	Patient had not taken the medicine. GPs discussed and all asked to ensure that when medicine's stopped they are removed immediately from the patient's prescription records.
Dispensing errors.	Action plan devised to reduce errors. Staff consulted when drafting the plan.

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>There were clear records of the practice taking action on safety alerts that were relevant. For example, when a medicine alert was received that required action by GPs a search was undertaken to find which patients were receiving the medicine in question and this was annotated when each patient had been contacted to make a change to their prescription.</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)	No data available	0.62	-	-

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)	80.6%	79.9%	-	-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (7)	14.2%	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)	74.4%	78.2%	-	-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (13)	11.0%	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)	83.2%	83.0%	-	-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (9)	13.9%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	76.6%	75.3%	-	-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (8)	5.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	97.4%	91.5%	-	-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (4)	12.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	80.2%	83.7%	-	-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (9)	4.6%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	87.1%	88.4%	-	-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (5)	9.7%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	33	33	100.0%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	23	23	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	22	23	95.7%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	23	23	100.0%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	88%	71.6%	-	-
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.3%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.3%	57.7%	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%	78.1%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	100%	90.5%	-	-
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0 (0)	9.3%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	100%	89.5%	-	-
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	0 (0)	8.1%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QoF)	90.9%	85.4%	-	-
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	8.3% (1)	5.0%	6.8%	

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QOF score (out of maximum 559)	556	544	539
Overall QOF exception reporting	3.1%	5.6%	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>Any further comments or notable training:</p> <p>The practice had updated their appraisal system in the last year. The staff we spoke with told us the new system gave them more opportunity to contribute to their appraisal. The appraisal process included the opportunity to identify training needs in greater detail. We saw evidence that training identified via the appraisal system was made available to staff. For example, one of the practice nurses requested the opportunity to learn more about delivering minor illness services to patients. The training they identified was delivered within two months of their appraisal. There was also evidence of staff requesting to extend the scope of their role. For example, administration staff had commenced managing the recall systems for patients with long term conditions required to attend reviews with GPs and nursing staff.</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 <b>(01/04/2016 to 31/03/2017)</b> (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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	100%	95.2%	-	-
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.1% (1)	0.7%	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) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	No data available	61.9%	-	-

## Description of how the practice monitors that consent is sought appropriately

The practice monitored consent to minor surgical procedures by ensuring patient's signed a consent form prior to the procedure being undertaken.

## Any additional evidence

The GPs and management monitored performance of the practice in achieving quality standards such as QOF and there was an audit programme in place.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	49
Number of CQC comments received which were positive about the service	46
Number of comments cards received which were mixed about the service	3
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>All four NHS choices postings from patients were positive about the care the practice offered and accessing both treatment and advice in a timely manner. Patients who submitted comments also referred to kind and compassionate staff who were always ready to assist patients.</p> <p>The 46 positive comment cards (94% of total comment cards completed) contained a theme of compassionate and friendly staff offering prompt access to appointments, treatment and advice.</p> <p>Of the 516 patients who completed the friends and family recommendation test 505 (98%) said they would recommend the practice to others.</p> <p>The six patients we spoke with all said that GPs and nurses gave them sufficient time to discuss their symptoms and concerns and they received appropriate information upon which to base decisions about their care and treatment.</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
3,290	216	3% returned surveys.	110	50.93%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	91%	84.1%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	96%	91.4%	89%	-
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98%	96.9%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97%	88.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	99%	92.9%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98%	93.0%	91%	-

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
2016	The response to a survey organised in conjunction with the patient participation group was generally positive. Promotion of electronic prescribing service to enable prescription collection on Saturday and introduction of GP alliance extended hours arose from the survey responses.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with six patients. All six told us they had ample time during consultations to discuss their treatment and felt involved in decisions about their care.

### 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90	89.2%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92	85.9%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94	91.1%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86	87.2%	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 if requested.
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice holds a register of 125 carers which is approximately 3.8% of the practice population.
How the practice supports carers	When a carer is first registered they are given a brochure containing information about support organisations and other benefits available to carers in the local area. The carer is offered an annual health check and a seasonal flu vaccination. The GPs and practice nurses support these patients with advice about local carer organisations and contact details to obtain advice on benefits available to carers.
How the practice supports recently bereaved patients	<p>In circumstances where the GP has been in close contact with a family prior to bereavement both the GP and District Nurse will make contact with the family to offer condolences. This would be followed up by a home visit, or if the family prefer, an appointment at the practice. The GPs offer to assist the family by contacting an undertaker of the family's choice if the family wish the GP to do so.</p> <p>Ongoing support via telephone calls or home visits to bereaved families was available if the family requested such support.</p> <p>Similar support systems were available to families that suffered an unexpected bereavement.</p>

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>When receiving phone calls at reception staff did not repeat a patients name whilst other patients were in the waiting room. Patients wishing to speak to the reception staff in private could do so in an adjacent room.</p> <p>Information about patient treatment was not relayed whilst others could overhear.</p> <p>However, when patients chose to book in for their appointment at reception, rather than use the electronic booking in system, they could be overheard when they gave their name.</p> <p>The electronic booking in system gave patients the opportunity to keep their identity private from others attending the practice.</p>

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

Source	Feedback
Discussions with patients	We were told that when patients requested to speak with the reception or dispensary staff in private, arrangements were made to do so.
Discussions with staff	We were given examples of when the practice manager's office was used to hold private conversations between patients and reception staff.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	09:00-13:00
Monday	14:00-18:30
Tuesday	09:00-13:00
Tuesday	14:00-17:00
Wednesday	09:00-13:00
Wednesday	14:00-17:00
Thursday	09:00-13:00
Thursday	14:00-18:30
Friday	09:00-13:00
Friday	14:00-17:00

Appointments available: From 9am to 12.30pm on weekdays. The appointment times of afternoon surgeries varied. When the practice did not offer a scheduled afternoon clinic the GPs took calls from patients. Those that required immediate support were either provided with advice and treatment over the phone, or offered an appointment at an agreed time on the afternoon of their call.

Extended hours opening

Extended hours are available in the locality via the local GP alliance group of six practices.	Patients registered at the practice were able to access appointments, from the local group of six GP practices until 8pm on weekday's and on Saturday and Sunday mornings. The GPs from Clifton Hampden Surgery took part in a rota to provide this service. Their commitment was two sessions a month.
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## 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
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### If yes, describe how this was done

Calls from patients, or a person acting on their behalf, requesting a home visit were flagged to the GPs by reception staff taking the call. The request was entered on the practice IT system and a message sent to the GP. GPs returned the call to assess the urgency of the request and either programmed the visit or gave treatment advice.

## 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. <b>(01/01/2017 to 31/03/2017)</b>	78%	82.5%	-	-
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" <b>(01/01/2017 to 31/03/2017)</b>	98%	82.9%	-	-
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment <b>(01/01/2017 to 31/03/2017)</b>	94%	86.1%	-	-
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment <b>(01/01/2017 to 31/03/2017)</b>	91%	80.5%	-	-

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>There had been four postings on NHS choices in the last two years for the practice. All four were wholly positive giving the practice a rating of five stars out of five. Patients who commented on NHS choices emphasised the compassionate and personalised care they received from the GPs and staff at the practice.</p> <p>In the three months prior to inspection a total of 516 patients completed the Friends and Family recommendation test. The results showed that 505 (98%) of these patients would recommend the practice to others.</p>

## Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations.	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:
We noted that each complaint received was subject to a full and thorough investigation. The complainants either received a full response or an explanation about why the investigation may take longer than expected to complete in a timely manner. However, we could not find an acknowledgement of receipt for one of the complaints received by the practice. There was system in place to receive verbal complaints.

Any additional evidence
We saw evidence of the practice supplying a complainant with a full response to their complaint and also meeting with the complainant to discuss their concerns in detail. The practice demonstrated that were being briefed on how to avoid complaints of a similar nature in the future.

# Well-led

## Leadership capacity and capability

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

The lead GP had identified that the future of the practice depended upon recruitment of additional partners to maintain services when they retired. They had recruited two part time GPs who became partners in 2017. These partners had taken on leadership roles within the local health community during the last year.

## Vision and strategy

### Practice Vision and values

The practice vision and ethos was wholly centred upon:

- Provision of personalised high quality medical care
- Working with others to meet the wide range of patients needs

This ethos was evidenced throughout the findings of our inspection and during conversations with patient's, staff and external stakeholders.

## Culture

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

Source	Feedback
Discussions with staff.	We spoke with five members of staff. All told us they felt valued and involved in the work of the practice. We were given examples of how staff influenced the processes and procedures in operation at the practice. For example, in the operation of the recall system for patients with long term medical conditions requiring a review of their care and treatment.
Discussions with staff and review of an action plan.	The practice had reviewed the trends in significant events and identified that improvements could be made in the operation of the dispensary to reduce dispensing errors. Dispensary staff had been consulted and identified that reducing the number of prescription requests they received over the phone would enable them to focus on completing prescriptions already being processed. GPs had responded by developing an action plan. This included reception staff taking telephone prescription requests and queries and logging these for the attention of dispensary staff to deal with in a planned manner.

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

Source	Example
	See above.

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

Source	Example
Complaints summary.	Complainants concerns were addressed, full investigations arose from complaints and a full and honest response was supplied along with the opportunity to discuss

	the complaint with GPs and the practice manager.
Significant events summary.	When errors occurred that were identified within the practice there was a system in place to contact patients affected by the error. The patients received both a verbal and written account of what went wrong and how the practice intended to avoid similar occurrences in the future.

Examples of concerns raised by staff and addressed by the practice

Source	Example
	See above reference to dispensary action plan.
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
Ensuring all prescriptions to be dispensed were signed by GPs before patients collected their medicines.	The practice had, in the last 18 months, ensured that all prescriptions were signed by GPs before the medicines were dispensed. Dispensers no longer dispensed medicines without appropriate authorisation and patients could be assured that prescriptions were appropriately authorised before they collected their medicines.

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

Source	Example
Practice policies/training matrix	The practice recruitment policies promoted equality and diversity. All staff received equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
Provision of services to patients with long term medical conditions.	The practice had instituted a programme called 'The Year of Care' for patients diagnosed with diabetes. This system encouraged patients to take greater ownership of their condition and gave them a better understanding of how to live with their long term condition. The unvalidated QOF data for 2017/18 showed the practice maintained a performance of 99% of all indicators of good care for patients diagnosed with diabetes.
Supporting patients to live healthier lives.	One of the GP partners had identified that patients in rural communities did not have opportunities to socialise. They also identified that patients with long term conditions would benefit from exercise. They started a walking group which had been well attended with up to 12 patients joining them for countryside walks.

Examples of service developments implemented in past 2 years

Development area	Impact
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Clinical capacity and continuity of care. Recruitment of two partners and retention of a long term locum GP.	The GPs working at the practice were committed on a long term basis. The weekly GP rota ensured patients had choice of female and male GPs and a regular commitment to which days the GPs worked. Cover for GP absence came from the practice team of GPs and reduced the need to call upon locums. Patients were able to access their GP of choice and receive continuity of care.
Increasing the skills of staff members.	By enabling one of the practice nurses to be trained to support patients with minor illnesses the capacity to deal with such minor illnesses was increased.

## 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	The practice held records of the discussions on how to avoid significant events recurring. There were records of learning from events and complaints being disseminated to staff.
Practice specific policies	Systems were in place, that were detailed within practice policies and procedures, to ensure incoming clinical correspondence and test results were dealt with in a timely manner. Our testing of these systems showed the practice followed their procedures.
Other examples	The Standard operating procedures for safe dispensing of medicines were kept up to date and were known by, and followed by, staff working in the dispensary. One of the GPs held responsibility for leading the work of the dispensary and there was evidence they carried out this role in a robust manner.
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 (Business continuity/Disaster recovery plan)	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
Dispensing errors	Action plan developed to reduce interruptions for dispensing staff enabling them to focus on dispensing medicines for which they already held an authorised prescription.
Regular health and safety checks.	Clifton Hampden Surgery is located within a converted building not originally designed for delivery of healthcare. The practice manager conducts a monthly review of safety including building checks that would identify any deterioration of the building fabric. For example the last check identified a carpet needed repair/replacement at the entrance to the dispensary.

## 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	Via Patient Participation Group (PPG), newsletters and bi-annual satisfaction surveys.	Practice responded to feedback on extended hours appointments by working with alliance to provide this. In response to requests for Saturday morning pick up of prescriptions the use of electronic prescribing service transfer of prescription to a local pharmacy was promoted. PPG advised that a further survey was on agenda for the next meeting. A PPG 'postbox' was installed in the practice to enable patients to pass their feedback on to the PPG whenever they chose to do so.
Public	Liaison with local parish groups.	Grants made available to the practice to provide 24 hour ECG machine and defibrillator for public use.
Staff	Appraisal	Extending training and giving staff more opportunity to contribute to their appraisals. Staff had greater involvement in how the practice delivered services.
External partners	Working with the local GP alliance.	Provision of extended hours appointments seven days a week.

### Feedback from Patient Participation Group;

#### Feedback

We met with a member of the PPG who described the relationship with the practice as wholly positive. The PPG had been in operation since 2013 and had an open dialogue with the practice. Meetings were held regularly and were recorded.

The PPG member we met with gave us examples of the practice responding to feedback as detailed below.

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

Examples	Impact
The PPG requested the practice to consider a) moving the disabled parking bay closer to the entrance to the practice and b) removing overgrown foliage at the entrance to the practice. The practice did both.	a) Patients with mobility problems found it easier to access the practice. b) People entering and leaving the practice car park could do so more safely with better sight of vehicles on the access road.
The PPG worked with the practice to provide a defibrillator that was kept in a keypad accessed cupboard for use by the local community.	Local residents had access at all times to equipment to restart a person's heart in the event of an emergency in the village.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Work with local GP alliance.	Work underway to share expertise and non-clinical resources. Planning how to improve delivery of care to patients. For example, sharing nurse clinics where nurses have particular skills. Thus expanding services for patients.

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

Audit area	Impact
Dispensary review of usage of medicines.	Undertaken annually. Last report from 2017 shows patients received prompt support if they felt their medicines were causing side effects or needed further advice on dosage. However, practice completion of medicine reviews is high with 90% of patients taking any repeat medicine receiving a review rising to 97% for those taking four or more medicines.
Patients taking blood thinning medicines	Ongoing audit to ensure patients receive their regular blood tests and that the GPs review the test results to ensure dosage of blood thinning medicines is appropriate. Last audit showed 81% compliance and resulted in reminders to patients to have their regular blood tests. Failure to receive the correct dosage of blood thinning medicine can cause major complications for patients.

### 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>