

# Care Quality Commission

## Inspection Evidence Table

### The Ridgeway Surgery (1-547298065)

Inspection date: 1 May 2018

Date of data download: 21 May 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes. Both sites September 2017
There was a record of equipment calibration Date of last calibration:	Yes. Both sites September 2017.
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. Main practice October 2017. Branch surgery April 2018.
Fire drills and logs	Yes, both sites.
Fire alarm checks	Yes. Weekly.
Fire training for staff	Yes.
Fire marshals	Yes, both sites.
Fire risk assessment Date of completion	Yes. Main practice November 2017. Branch surgery May 2017.
Actions were identified and completed.	Yes.
Additional observations: <ul style="list-style-type: none"> <li>• Calibration of the defibrillator at the branch surgery was overdue (due July 2017). The practice had made plans for this equipment to be included in the annual calibration servicing in June 2018 (as documented on the risk register). In the interim, the practice could access a defibrillator from another healthcare provider who shared the same premises and we saw this equipment had been calibrated in April 2018.</li> </ul>	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes, both sites February 2018.
Health and safety risk assessment and actions Date of last assessment:	Yes. Incorporated in risk register, last updated April 2018.
Additional comments: The practice kept a risk register which contained details of identified and potential risks, who was at risk, the likelihood of occurrence, the severity, a risk evaluation, the control measures in place, and the timescale for completion. This was continually updated with the last entry documented on 28/04/18.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:  The provider acted on any issues identified	Yes. February 2018 Yes.
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Any additional evidence	
We found some clinicians were not adhering to the practice's 'biological substances – infection control protocol' in respect of the disposal of urine samples. We brought this to the attention of the practice leaders and were assured this would be raised immediately with staff and rectified.	

### Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes.
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Any additional evidence	
The practice did not have paediatric oximeters. Following our inspection the practice sent us evidence that they had purchased paediatric pulse oximeters.	

### Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes

The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

### Safe and appropriate use of medicines

Indicator	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)	2.02	0.97	0.98	Significant variation (negative)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	11.5%	13.3%	8.9%	Comparable to other practices

#### Any additional evidence

The practice told us data relating to the number of antibacterial prescription items prescribed per STAR PU incorporated prescribing by the walk-in centre and did not solely reflect the practice population. Unverified practice data showed the practice were previously in the 99th centile for antibiotic prescribing and this had been reduced to the 33rd centile.

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.	No. Stored securely but not monitored.
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
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	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, although this was not effective.
There was medical oxygen on site The practice had a defibrillator	Yes

Both were checked regularly and this was recorded.	Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any 'No' answers and additional evidence</p> <p>Following our inspection the practice implemented a new protocol to monitor computer prescription paper. This information was shared with staff during a team meeting.</p> <p>The process for monitoring expiry dates of emergency medicines at the branch surgery required review as we found out of date adrenaline ampoules within the emergency medicines stock. In date adrenaline was available. During our inspection the practice removed the out of date adrenaline. Following our inspection the practice told us they had replenished the stock of adrenaline at the branch surgery and checked all emergency medicines at both sites to ensure they were within their expiry date.</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.	3
Number of events that required action	3

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

Event	Specific action taken
A palliative care patient was not given a syringe driver as this had not been set up by district nurses.	The practice organised a joint meeting with the palliative care team and district nurses to discuss the significant event. An electronic drug chart was created with the aim of sharing this with other practices to remove the need for a paper drug chart. This was shared with the management of the district nursing team and was awaiting approval. In the interim, the rapid response team would set-up syringe drivers for patients.
A pregnant patient who was newly registering was informed that the practice would contact her when she was registered. This led to a delay in the patient being aware she was registered and missing the opportunity for some antenatal screening.	The patient was subsequently referred for antenatal care and did not have any pregnancy complications. The practice agreed that patients are defined as registered and can access practice services once they have handed in their registration forms. A 'blue flag' registration policy was introduced to ensure same day registration for certain groups of patients including pregnant patients. The practice updated their website, circulated the policy to staff, and displayed a poster of the criteria in reception.

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 was a policy on managing MHRA and NICE safety alerts. The practice manager received alerts and cascaded these to the clinical team. The clinical lead for the process confirmed if the alert required any additional action, and the practice manager was notified. If the alert related to a specific patient population then a lead administrator would undertake a search to identify relevant patients. Depending on the severity of the alert an action plan of how to manage the alert was created and included suspension of the medicine, contacting the patient for a review, or an alert being placed on the patient record.</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)	0.74	0.64	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	81.4%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (29)	8.3%	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)	77.6%	77.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (39)	7.1%	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)	80.9%	80.7%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (69)	9.2%	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)	81.1%	77.1%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (15)	3.6%	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)	95.8%	92.6%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (2)	8.1%	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)	87.0%	83.3%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (45)	2.9%	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)	81.2%	81.4%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5% (19)	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)	213	236	90.3%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	203	232	87.5%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	204	232	87.9%	Below 90% Minimum (variation negative)
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)	200	232	86.2%	Below 90% Minimum (variation negative)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	62.2%	62.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.6%	69.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.6%	48.5%	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)	95.5%	76.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	92.7%	91.2%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (3)	8.2%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	95.1%	91.9%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (3)	6.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	98.8%	88.9%	83.7%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.2%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	558	535	539
Overall QoF exception reporting	5.2%	5.3%	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 and physician associates.	Yes
Any further comments:	
We noted that a prescriber was not in attendance at the annual appraisal of an advanced nurse practitioner whose role involved prescribing.	

## 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)	97.1%	96.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (17)	0.6%	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)	67.9%	59.5%	51.6%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	42 (total for both sites)
Number of CQC comments received which were positive about the service	39
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	The comment cards received were largely positive. Patients said they felt staff were caring, polite and helpful. They described examples where they were listened to and treated with respect, dignity and kindness. The GPs and nurses received praise for their caring nature and commitment to the practice.

### National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
15,591	260	2%	111	42.69%

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)	87.9%	74.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.8%	87.3%	88.8%	Significant Variation (positive)
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)	100.0%	95.2%	95.5%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or	94.8%	83.0%	85.5%	Variation (positive)

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)				
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)	84.8%	87.8%	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)	84.6%	86.7%	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	Practice's Action Plan
January-April 2018 345 responses received	The practice identified five key areas to improve as a result of the most recent practice survey: 1. Difficulty getting through on the phone – The practice were investing in a new phone system which had the ability to 'save' a caller's place in the queue and have the system automatically ring the caller back when they were first in the queue. 2. More receptionists to answer telephone calls – The practice were looking to recruit two more receptionists to enhance the current team. 3. Customer service training for non-clinical staff – The practice had changed their induction process for new staff and training was now an ongoing process. 4. More appointment availability – The practice had started telephone triage on some days to help direct patients to the most appropriate care. 5. Low satisfaction with automated phone service – The practice had revised this service to include more GP and nurse appointments, and adjusted the menus to make navigating the service easier.	

Any additional evidence
The practice also monitored patient feedback from NHS choices, the Friends and Family test, verbal compliments and complaints, and the patient participation group.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients were positive about the involvement they had in their care and treatment.

## 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)	92.2%	85.6%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86.4%	79.5%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.6%	87.1%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	74.2%	80.8%	85.4%	Variation (negative)

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

Carers	Narrative
Percentage and number of carers identified	230 carers identified (approximately 2% of practice population)
How the practice supports carers	<ul style="list-style-type: none"> <li>• Health check</li> <li>• Greater awareness from the practice of carers' circumstances</li> <li>• A marker placed in the records of the carer and the person they cared for.</li> <li>• Added to priority list for flu vaccinations.</li> <li>• Harrow Carers office is located a short walk from the practice and patients were encouraged to utilise their services including counselling, away days and signposting to other resources.</li> </ul>
How the practice	

supports recently bereaved patients	<ul style="list-style-type: none"> <li>• On notification of a bereavement an email was sent to update all staff.</li> <li>• The patient's record was updated to ensure no further communication was initiated.</li> <li>• A clinician who knew the patient would contact the relatives and provide the opportunity to discuss any issues. If an appointment was requested these were organised as a priority.</li> <li>• Death certification was undertaken as quickly as possible and staff were aware of the cultural needs of the family. For example, the obligations for families under the religions of Judaism and Islam.</li> <li>• Where appropriate, clinicians were given time to attend funerals. We were told this was especially the case for the enhanced practice nurses who often had close professional relationships with relatives or carers.</li> </ul>
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## Privacy and dignity

Question	Y/N
Curtains / screens 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>Patients had access to a separate room should they need to discuss anything in private. There were notices in the waiting room information patients of this.</p> <p>Reception staff told us they were mindful not to disclose personal identifiable data whilst talking to patients on the phone and in person, and whilst processing confidential correspondence at reception. We observed this was the case during our inspection.</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

Source	Feedback
CQC comment cards and patients spoken with on day of inspection	Patients told us their privacy and dignity was respected.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30 Main practice and branch surgery
Tuesday	08:00-18:30 Main practice and branch surgery
Wednesday	08:00-18:30 Main practice and branch surgery
Thursday	08:00-18:30 Main practice and branch surgery
Friday	08:00-18:30 Main practice and branch surgery
Appointments available	
Monday–Friday	08:00-18:00 Main practice and branch surgery
Extended hours opening	
Monday-Friday	07:30-08:00 Main practice only
Any additional evidence	
<p>Patients could access the walk-in centre (accessible to any patient eligible to receive NHS treatment) which was managed by the practice and located at the same premises as the branch surgery. The walk-in centre was open from 8am-8pm on weekdays, weekends and bank holidays. Pre-bookable appointments were available to the practice's patients on Saturdays. Some clinical staff worked at the practice's two sites and the walk-in centre.</p>	

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>Guidance on home visit allocations was included in a practice handbook. Receptionists completed a home visit template and it was the role of the on-call doctor to allocate home visits with reference to the doctors available, patient preference, and continuity of care.</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)	83.7%	77.5%	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	50.2%	64.2%	70.9%	Comparable to other practices

<b>31/03/2017)</b>				
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>	80.5%	69.4%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment <b>(01/01/2017 to 31/03/2017)</b>	64.3%	67.0%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards and patient interviews	<p>Patients found the appointment system was easy to use. This was not in line with data from the national GP patient survey which showed 50% of respondents found it easy to get through to someone on the phone (CCG 64%, national 71%).</p> <p>The practice were aware of this feedback and had made arrangements to introduce a new telephone system to improve telephone access.</p>
Patient interviews	<p>Two out of eight patients we spoke with reported delays with the punctuality of emergency appointments.</p> <p>The practice created posters with examples of why a patient's appointment may be delayed.</p>

### 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.	18
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
We discussed complaints with the practice manager and found the practice investigated and responded to complaints in a timely way. We saw examples of letters which were sent to patients and there was evidence	

of shared learning and action taken to prevent recurrence.

**Any additional evidence:**

There was information available for patients on how to complain, both in the practice and on the practice website. Patient complaints were discussed at team meetings as appropriate, to support learning and development.

# Well-led

## Leadership capacity and capability

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

The GP partners and management team were visible in the practice and staff told us they were approachable and always took time to listen to all members of staff.

### Vision and strategy

#### Practice Vision and values

Staff knew and understood the practice's vision and priorities for the next year. The practice's values and mission statement were displayed in a staff meeting room. Core values shared among the staff and patients were:

- F – Fair and flexible
- I – Innovative and inclusive
- R – Respectful and reflective
- S – Supportive and safeguarding
- T – Teamwork, training and trust

### Culture

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>• Many staff had worked at the practice for a long period of time. Staff reported a positive working environment and described practice leaders as supportive and approachable.</li> <li>• Staff described a positive learning environment where they were encouraged to complete training and professional development.</li> <li>• We were informed that the practice culture was one of being open, supportive and respectful of one another. We saw evidence of this through observation of staff interactions between themselves and patients.</li> </ul>
GP partners and practice manager	There was a cohesive team approach across all staff. Comments were made on how all staff were seen as valued members of the team.

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

Source	Example
Staff interviews	Nursing staff told us about the time pressures associated with certain appointments, for example changing wound dressings. In response to this, the health care assistants were being trained to change dressings to alleviate the pressure on nursing staff.
Staff interviews	Reception / administrative staff had direct involvement in creating the 'blue flag' registration policy in response to a significant event.
Staff interviews	A separate box was now kept at reception for triage only items such as prescriptions and sick notes. This enabled staff to find these documents in a timely manner.

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	Staff were aware of the duty of candour. We saw that apologies were made to patients by letter.

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
Risk assessments	The practice carried out risk assessments for staff relating to health and safety; display screen equipment; and occupational health. Specific risk assessments were carried out for staff at higher risk, for example for those with a disability or during pregnancy.
Policies	<ul style="list-style-type: none"> <li>• There were policies and procedures in place to support staff. For example, lone worker policy; staff handbook; induction programme; needle stick injury policy.</li> <li>• Flexible working arrangements for those with caring responsibilities were considered and compassionate/bereavement leave when required.</li> </ul>
Staff interviews	Staff gave examples of how the practice had promoted their safety and wellbeing. For example, adapting their working environment and duties to enable them to do their job safely and organising team building / social events for staff.

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

Source	Example
Training records	Staff were provided with equality and diversity training

Examples of actions to improve quality in past 2 years

Area	Impact
Audits	We reviewed audits where quality improvements had been made. For example, cancer diagnoses audit, on-call audit for same day access, audit on prescribing behaviour of high resistance antibiotics, and audit on practice patients using the walk-in centre.
Verbal complaints	Monitoring and responding to verbal complaints to identify themes and make changes to the service where possible.

Examples of service developments implemented in past 2 years

Development area	Impact
Triage Mondays	<ul style="list-style-type: none"> <li>• Improving access to appointments on notoriously busy days starting with Mondays.</li> <li>• Reduction in the number of practice patients attending the walk-in centre on Mondays.</li> </ul>
Blue flag registration policy	To ensure same day registration and availability of appointments for the

	following groups: babies; pregnant women; elderly patients; looked after / foster / adopted children; patients with chronic illness; palliative care patients; and any vulnerable child or adult.
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## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Learning was shared at the various practice meetings (monthly whole team; biweekly clinical staff; and monthly reception staff), by email and informally. There was evidence of how the practice had implemented new processes and protocols in response to complaints and significant events.
Practice specific policies	The practice's policies and procedures were up to date and all staff we spoke with knew how to access these.
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

## 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	Practice survey Patient participation group NHS Choices Friends and Family Test	Improved patient satisfaction with the overall service provided.
Patient participation group	Approximately six meetings per year and email correspondence.	<ul style="list-style-type: none"> <li>Educational events and CPR training for patients.</li> <li>Biannual newsletter with practice news updates and health promotion.</li> </ul>
Staff	Appraisal, staff meetings, training sessions and social events	Improved staff moral and development goals.
External partners	Engagement with local pharmacists, locality group and Harrow CCG.	The practice engaged with external partners and participated in local and national initiatives.

## Feedback from Patient Participation Group;

### Feedback

The patient participation group played an active role in representing patient views and developing services. Members felt they could make comments/suggestions to the practice and these would be taken into consideration. Practice priorities, local initiatives and patient survey results were discussed with the patient group.

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

Examples	Impact
The Ridgeway Surgery Patient Group (RSPG) had funded several pieces of clinical equipment for practice staff and patients to utilise.	Improved access to clinical equipment. Patients taking an active role in self-monitoring vital signs such as blood pressure.
The RSPG arranged CPR and defibrillator training for patients.	Increasing the number of patients able to perform CPR and use a defibrillator in an emergency.
The RSPG produced a biannual informative newsletter which was delivered to patients who were unable to access the practice.	Enabling patients who may be vulnerable or isolated to keep up to date with practice news.
The practice and RSPG arranged health education talks by practice staff and guest speakers for patients.	Improving patient knowledge of health conditions relevant to them and their families, and increasing awareness of local health and support services.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Pharmacy project	<ul style="list-style-type: none"> <li>Improved communication with local pharmacists</li> <li>Educational events for patients to improve their understanding of prescribing and the prescription system</li> <li>Second highest in the locality for repeat dispensing via the electronic prescription service (May 2018)</li> </ul>
Enabling staff to upskill and providing opportunities for career progression within the practice.	<ul style="list-style-type: none"> <li>Diverse skill mix of practice staff</li> </ul>

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

Audit area	Impact
Audit of acute exacerbation of asthma	Patients prescribed prednisolone for an acute exacerbation of asthma were reviewed in two days (for children) or five days (for adults) to ensure symptoms had improved and reinforce patient education.
Audit on the number of practice patients attending the walk-in centre	This audit focussed on registered patients using the walk-in centre on Mondays to identify if the new triage system would benefit these patients in the future. The initial audit showed that 69 practice patients (13-18% of

(total patients seen) were seen at the walk-in centre over three consecutive Mondays in April 2017. A re-audit carried out 12 weeks after triage Mondays was introduced showed a reduction in the number of practice patients attending the walk-in centre on Mondays in April 2018 (24 patients, representing 3% of total patients seen).

**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>