

Care Quality Commission

Inspection Evidence Table

Dr Plana & Partners (1-562265948)

Inspection date: 27 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

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
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	
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 22/05/2018
Actions were identified and completed. Branch site Tudway Road: Action stop storing refuse sacks under the stairs Main site: Ensuring cupboard is kept locked, and removal of a mat by the back-door fire escape.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 12/02/2018
Health and safety risk assessment and actions Date of last assessment:	Yes 13/02/2018
Additional comments: The only outstanding action on the health and safety risk assessment was putting alarm notices at the branch site Tudway Road, the practice told us these had been ordered.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p>	<p>Yes</p> <p>03/05/ 2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers: The practice had a sepsis lead GP that staff could refer to.	

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
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 answers: We checked 15 records, two were urgent referrals, records also looked at included problem diagnosis and discharge letters.	

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	0.91	0.86	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)	8.3%	8.6%	8.9%	Comparable to other practices

Medicines 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 Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs 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.	Yes
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 General Medical Council guidance.	N/A
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.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
Explanation of any answers:	

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.	8
Number of events that required action	8

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

Event	Specific action taken
Vulnerable patient identified, after a home visit request.	Referral made to adult safeguarding team, district nurses contacted, now patient is visited three times a day.
Patient identified as having Sepsis	Train reception staff to recognise early signs. The practice appointed a Sepsis lead. A staff meeting was undertaken. Staff policies and procedures were updated on what to do if a patient looks unwell.
No safety netting to ensure patient attend two-week referral	Changed process and the practice now undertakes a weekly audit.

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: A system was in place for the management of recording and acting on safety alerts. The practice had a regular prescribing meeting, where the CCG provided prescribing information which contained alerts and most recent information.</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)	1.75	1.05	0.90	Comparable to other practices

People with long-term conditions

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)	76.3%	74.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (72)	10.0%	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)	69.0%	74.9%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (27)	6.9%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	73.4%	74.8%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	14.6%	(89)	9.4%	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)	63.1%	73.4%	76.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	(27)	2.9%	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)	67.9%	86.6%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	(6)	7.0%	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)	73.3%	79.6%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	(29)	3.1%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	82.7%	84.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	(8)	11.1%	8.2%	
Any additional evidence or comments: Since last year the practice provided us with unverified data which showed an improvement to QOF data as detailed below:				
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. (01/04/2017 to 31/03/2018) (Unverified)	70.31%			
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 (01/04/2017 to 31/03/2018) (Unverified)	90.21%			
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 (01/04/2017 to 31/03/2018) (Unverified)	89.5%			

Families, children and young people

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)	106	119	89.1%	Below 90% Minimum (variation negative)
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)	97	130	74.6%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	100	130	76.9%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	96	130	73.8%	80% or below Significant variation (negative)

Since last year the practice provided us with unverified data which showed improvements to child immunisation uptake as detailed. The latest figures provided were as of the 31 May 2018 as the practice now undertook a monthly review. The practice told us children registered recently may not have had their up to date immunisations status recorded if the practice had not received their records.

Category	2016/17	2017/18	31/5/18
12 Month Cohort			
Full course of vaccines at the end of 12 months	85.7	93.8	92.8
24 Month Cohort			
Hib/MenC Booster	82.4	93.6	92.5
MMR (1st dose)	75.2	90.4	90.1
PCV Booster	81.6	87.2	87.6

(Unverified)

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Working age people (including those recently retired and students)

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)	65.9%	68.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.1%	64.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	47.7%	45.8%	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)	54.8%	73.2%	71.2%	N/A
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)	67.5%	60.1%	51.6%	Comparable to other practices

People experiencing poor mental health (including people with dementia)

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)	67.8%	83.9%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (1)	5.7%	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)	69.0%	84.2%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	3.8%	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)	84.6%	83.9%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (4)	4.7%	6.8%	

Any additional evidence or comments: Since last year the practice provided us with unverified data which showed improvements to QOF data as detailed below:

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 (01/04/2017 to 31/03/2018) (Unverified)	85.7%
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (Unverified)	86.6%

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	494	519	539
Overall QOF exception reporting	7.3%	5.3%	5.7%

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) (Unverified)	88.9%	94.0%	95.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (13)	0.7%	0.8%	

Since last year the practice provided us with unverified data there was a slight decrease to QOF data as detailed below:

The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (Unverified)	87.7%
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Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The practice had a process for obtaining consent. Clinicians either recorded in the consultation notes whether consent for a procedure was obtained, or they added a separate read code. There was a policy to reflect this. The practice monitored this by running audits, e.g. 100% of patients who had Minor Surgery had consent recorded and 83.72% of patients given a flu vaccination in the surgery had their consent recorded.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	16
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Patients said they felt the practice provided a good service, reception staff were helpful, friendly, doctors were good at listening, kind, caring and treated them with dignity and respect.</p> <p>Five patients said they found it difficult to get an appointment.</p> <p>We spoke with three members of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt the practice listened, however they were concerned about the length of time it took to get an appointment, they felt the practice was trying its best to resolve the issue.</p> <p>Healthwatch Greenwich Report: one patient found booking an appointment very poor, three patients poor, one good, two very good, two excellent.</p> <p>Treatment received from the GPs one patients felt it was very poor, one good, five very good and three excellent.</p> <p>Treatment received from the nurse two patients felt it was good, four very good three excellent.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,546	319	94	29.47%	2.5%

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)	57.4%	75.9%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	80.6%	86.4%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	88.6%	94.3%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	68.5%	80.7%	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)	80.5%	86.5%	91.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	80.5%	85.7%	90.7%	Comparable to other practices

Any additional evidence or comments

The service undertook its own survey in February 2018 they replicated the questions in the GP patient survey. Changes the practice made included recruiting a new nurse.

Results from their own survey were as follows.

The percentage of patients who say that the last GP they saw or spoke to was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	96.3%
The percentage of patients who say the last nurse they saw or spoke to was good or very good at listening to them (01/01/2017 to 31/03/2017)	89.13%

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

Date of exercise	Summary of results
February 2018	The survey replicated questions asked in the GP National Survey

Any additional evidence
<p>200 patients who had a face to face appointment or a call back with a GP, Nurse or HCA in January 2018 were contacted. The number of responses was 55 out of 200, a rate of 28%. As a comparison the National GP Survey (2017) response rate was 29%.</p> <p>Methodology</p> <p>Base Cohort: All patients with either a face to face appointment or a call back with a GP, Nurse or HCA in January 2018</p> <p>Reporting: Search for all patients in the cohort using Vision ID No as the identifier</p> <p>Survey Cohort: Random selection via Vision ID to select 200 patients</p> <p>Identification: Once the cohort had been identified they would be contacted via letter</p> <p>Process</p> <ul style="list-style-type: none"> Letters and surveys were sent out to the patient cohort via 2nd class post A 2nd class SAE was enclosed. When a completed survey was received it would be placed in a box for the Administrator. When the Administrator empties the box, she would give each completed survey a number. The answers to the survey questions from each numbers reply would be entered onto a spreadsheet. By 24 March all answers on the spreadsheet will be collated into a summary spreadsheet Results would be published on website and put up on posters in the waiting rooms. Results would be discussed in MDT meeting in April/May 2018 <p>Changes the practice implemented included;</p> <ul style="list-style-type: none"> The practice had recruited two nurses one in 2017, one in 2018. A HCA increased her hours from January 2018, and had undergone further training in Asthma management. The practice recruited additional staff to increase the number of staff available to answer the telephone. Additional appointments were offered from April 2018. A long term locum was appointed from May 2018. Negotiations were nearly complete to retain the current GP Registrar as a 4 session Salaried GP

starting from August 2018

- We were told a further review of appointment capacity would take place in September 2018.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by their doctor and had sufficient time during consultations.

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)	70.8%	82.9%	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)	62.7%	77.9%	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)	72.5%	85.5%	89.9%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	78.7%	80.4%	85.4%	Comparable to other practices

Any additional evidence or comments:

The service explained the lower results could have been a reflection of the service at a period of time where the service had recruited a nurse with no UK primary care experience and an experienced nurse left at the same time.

The service undertook its own survey in February 2018 they replicated the questions on the GP patient survey. Results from their own survey were as follows.

The percentage of patients who say the last nurse they saw or spoke to was good at explaining tests and treatment.	92.16%
The percentage of patients who say that the last nurse they saw or spoke to was good at involving them in decisions about their care.	84%
The percentage patients who say the last nurse they saw or spoke to was good at explaining tests and treatment.	92%

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.	

Carers	Narrative
Percentage and number of carers identified	The practice's computer system alerted GPs if a patient was a carer. The practice had identified 82 patients as carers 0.6% of the practice list.
How the practice supports carers	The practice had leaflets in the reception area, they told us they also sign posted carers, flags were put on their IT system.
How the practice supports recently bereaved patients	The GP contacted the family by phone call.

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>Staff recognised the importance of patients' dignity and respect.</p> <p>Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.</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:

Source	Feedback
Comment cards	A patient described how staff are always helpful and friendly, and they feel safe.
Staff	Staff described how they communicate with patients and know if a patient needs to discuss something in private, they will always offer to take them to a quiet room.

Responsive

Responding to and meeting people's needs

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

Appointments available	
	Monday, Wednesday Friday 9am-12.30pm, 1pm to 6.20pm Tuesday and Thursday 8am-12.30pm, 1pm to 6.20pm
Extended hours opening	
	Tuesday-Thursday 6.30pm-7pm

Home visits	Y/N
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	
All home visits requests were recorded on the computer and shared out amongst the GPs on duty that day. Each GP is responsible for contacting the patient and deciding whether a home visit is necessary or not.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,546	319	94	29.47%	2.5%

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)	64.1%	78.9%	80.0%	Variation (negative)
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)	52.1%	69.7%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	63.0%	69.3%	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)	60.1%	69.2%	72.7%	Comparable to other practices

Any additional evidence or comments

The service undertook its own survey in February 2018 they replicated the questions on the GP patient survey. Results from their own survey were as follows.

The percentage of patients % of patients who are satisfied with the surgery's opening hours.	79%
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Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients said that they felt the practice cared about their health and gave them support to improve their wellbeing. They described examples where they were listened to and treated with respect, dignity and kindness. Patients also commented on the professionalism of staff.

	Patients told us that all staff at the practice were supportive and the care they received was excellent. Access to the service was sometimes difficult, patients told us they found they had to wait long to get an appointment.
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	28
Number of complaints we examined	3
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:	
The complaints procedure was clear, with timely responses and evidence of the whole practice team learning from investigations. We reviewed three complaints in detail and noted that they were acknowledged and investigated appropriately, and responded to in a timely manner. Duty of candour was demonstrated in all complaints that we reviewed. Learning was shared amongst all staff members (minutes of meetings seen).	

Well-led

Leadership capacity and capability

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

There was a designated lead for each clinical and non-clinical area. For example, there was a lead for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.

The practice held clinical meetings weekly; prescribing meetings weekly, all staff meetings quarterly nurse's meetings monthly and multi-disciplinary team meetings quarterly; and the PPG met approximately three to four times in the year.

We saw that all meetings were appropriately minuted and actions were logged, monitored and feedback was sought and noted.

We were told that a nurse had recently been recruited, and negotiations were nearly complete to retain the current GP Registrar as a 4 session Salaried GP starting from August 2018.

Vision and strategy

Practice Vision and values

There was a clear vision to provide patients with high quality, patient-centred, holistic care, in a safe, responsive and courteous manner. The practice strived to preserve the traditional values of Primary Care Medicine, whilst empowering patients to fully participate in their own care. All staff were aware of the vision and we saw that this translated into the action of the practice.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice also told us they promoted continuous learning and encouraged staff to take on different roles and to become leads for different areas to help develop their careers.

Staff told us they felt well supported and listened to by the management. Staff also told us that if they had any concerns they would raise them during meetings.

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

Source	Feedback
Staff	Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.
	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. Staff said they felt confident that managers would address their concerns and issues raised.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	The practice had a range of policies including: Complaints policy, Significant events policy Safeguarding policy Medicines management policy Incident management policy Fire safety policy	
Other examples	The practice undertook regular meetings, including clinical, nurse, all staff meetings and MDT meetings	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	Fire risk assessment was undertaken May 2018
Health and Safety	Health and safety risk assessment was undertaken February 2018
Emergency Medicines	Emergency medicines had been risk assessed February 2018

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>On the day of the inspection, we spoke to three patients, who told us that the group meets approximately every two months. They told us there was good managerial involvement from the practice and they felt listened to and taken seriously, however they felt it would be useful if each meeting was structured and had set agenda. They found telephone access was sometimes difficult. They stated that the doctors were always professional, made them feel comfortable and kept them involved in all health-related decisions.</p> <p>The PPG said they requested that the phone triage service should be increased from twice a week to every day the practice was open, the practice told us that they informed the PPG they would keep the range of appointments they offer, including the triage clinics, under review.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Clinical audits	The practice had a clinical improvement programme in place, and carried out regular audits. We reviewed two completed audits. One audit was for the use of patients prescribed warfarin, carried out to ensure patients were receiving warfarin care in line with guidelines. A second audit related to the use of antibiotic prescribing for Urinary Tract Infections (UTIs). Both audits showed that there was improvement in the second cycle.

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.([See NHS Choices for more details](#)).