

Care Quality Commission

Inspection Evidence Table

Gatley Group Practice (1-554143385)

Inspection date: 6 June 2018

Date of data download: 04 June 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Additional comments: The practice chaperone policy stated that non-clinical chaperones were not routinely subject to a Disclosure and Barring Service (DBS) check, however there was strict instruction that these chaperones would never be left alone with a patient. This policy was written in 2015, since that date a decision was made by the practice that all staff who conduct chaperone duties will have a DBS check. We were told the chaperone policy would be updated to reflect this change.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	N
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any 'No' answers:</p> <p>Some recruitment files were missing declarations regarding employee's medical fitness to perform their role. We spoke with the practice manager about this and it appeared that these omissions were because curriculum vitae (CVs) had been submitted by these candidates as opposed to application forms, which contained a section relating to medical fitness. We were told that any future applicants would be required to complete a full application form.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: August 2017	Y
There was a record of equipment calibration Date of last calibration: May 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	N
Fire alarm checks	
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: 16 April 2018	Y
Actions were identified and completed.	Y
Additional observations: Although we were told that fire evacuations were completed	

regularly (last being April 2018), there was no documented record of these taking place to indicate who was involved and any learnings from the drills. The practice manager told us that all fire evacuation drills would be recorded in future.	
Health and safety Premises/security risk assessment? Date of last assessment: 15 October 2016	Y
Health and safety risk assessment and actions Date of last assessment: 15 August 2017	Y
Additional comments: We noted additional individual risk assessments had been completed on areas such as electricity risk, slips and falls, biological risks and violence within the practice. These had all been reviewed in May 2018. A risk assessment relating to legionella had been conducted in April 2018. The practice was registered with the Information Commissioners Office (ICO) and staff had received training in confidentiality and data protection.	
Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 22 September 17 The provider acted on any issues identified Detail: 100 % score on infection control audit undertaken by practice manager and representative from the local authority health protection team. This was a comprehensive audit and no actions were identified. There was a comprehensive infection control policy in place and the subject was a standing agenda item at practice meetings.	Y Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any 'No' answers:	

Any additional evidence

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
Additional comments: Additional training was planned for delivery to reception staff on sepsis, there was also a checklist for reception staff to refer to which assisted them in recognising the symptoms of sepsis.	

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.	Y
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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.90	1.04	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that	6.7%	5.5%	8.9%	Comparable to other practices

Indicator	Practice	CCG average	England average	England comparison
are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)				

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.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	N
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y Y Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any 'No' answers: We noted that one of that one emergency drugs (Atropine) was not amongst those held by the practice. A supply of atropine was ordered from a supplier whilst we were present.	

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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	Seven
Number of events that required action	Seven

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

Event	Specific action taken
Poor communication between clinician and patient, resulting in concerns by patient regarding diagnosis and prognosis of a potentially serious condition.	The practice took steps to improve communication to ensure even in busy clinics everyone has the same understanding. Ensuring communication with patients was clear. Checked what is available on "consultant connect". Made more use of consultant connect / other advice lines.
Needle stick injury experienced by Physician Associate who had not put needle fully into sharps bin. Occupational Health did not respond effectively and subject not counselled by correctly qualified person. Occupational health gave inadequate information. Full procedure not followed.	The practice ensured needle stick protocol were followed, ensured that if there was a query around line management, subject to consult practice manager or partner in practice and ensure this was followed up. They also added the policy to forthcoming infection control training.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	N
Staff understand how to deal with alerts	Y
<p>Comments on systems in place: We were shown several examples of how safety alerts had been recorded and dealt with appropriately. We were not able to see an overview of all safety alerts received to check that they had all been appropriately dealt with as they were not all recorded. All alerts were received by receptionists in a group email address and an assessment was made on who was best to deal with them. Clinical alerts were sent to one of the practice nurses and non-clinical to the practice manager. Further assessments were made on who was best placed to deal with the alerts and they were then sent to that individual, from there we were unable to establish what the result was unless it was dealt with by the practice nurse who recorded any action on the alert. We discussed the issue with the practice manager who informed us that they would commence recording all safety alerts, who was responsible and action taken and a final result.</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)	0.61	1.02	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)	86.0%	81.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (70)	9.7%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	78.9%	82.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (75)	6.8%	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)	91.4%	83.1%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.7% (123)	12.3%	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)	89.8%	77.6%	76.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.7% (125)	2.8%	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)	100.0%	90.7%	90.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (18)	6.3%	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)	80.3%	85.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (44)	2.6%	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. (01/04/2016 to 31/03/2017) (QoF)	87.4%	89.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (14)	7.4%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	107	110	97.3%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	102	110	92.7%	Met 90% Minimum (no variation)
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)	99	110	90.0%	Met 90% Minimum (no variation)
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)	103	110	93.6%	Met 90% Minimum (no variation)

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)	76.3%	75.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	61.2%	68.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.9%	56.6%	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)	84.4%	78.6%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	95.3%	92.6%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.8% (12)	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 (01/04/2016 to 31/03/2017) (QoF)	100.0%	92.0%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (4)	6.8%	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)	86.1%	86.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.8% (11)	5.1%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	549	539
Overall QOF exception reporting	6.6%	4.0%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>Any further comments or notable training: No health care assistants had been recruited since April 2015, however the provider was fully aware of the Care Certificate and their responsibilities relating to it.</p> <p>We looked at several annual appraisals and saw that they were well written and staff had been fully involved in the process. Staff we spoke with told us that the appraisal process was effective and that management were very supportive.</p>	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.4%	96.2%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (6)	0.4%	0.8%	
Indicator	Practice	CCG	England	England

		average	average	comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	50.0%	51.5%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Staff we spoke with understood consent and the need to obtain and record appropriately. We were given examples of how staff dealt effectively with consent issues and made best interest decisions. Staff had received training in relation to the Mental Capacity Act 2005.

Any additional evidence

The practice was performing comparably and in some cases significantly above local and national averages for QOF. We noted that performance relating to asthma, mental health and chronic pulmonary heart disease (COPD) was particularly good with achievements of 100% in these areas. Some exception reporting figures were high; however we were provided with an explanation for these figures.

We noted that regular, structured meetings with partner agencies were held and minutes were well written evidencing meaningful and effective discussion around vulnerable patients and those reaching the end of their lives.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	27
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	Patients expressed their appreciation of the care and professionalism of all staff at the practice.

Patient CQC comment cards	All 27 cards were very positive about the care and treatment they received. Cards named individual members of clinical and reception staff and extolled their high levels of care and compassion. One card indicated that it was sometimes difficult to obtain an appointment.
Patients we spoke with	We spoke with two patients on the day of the inspection, both were positive about their treatment. Some patients we spoke with had moved away from the area but remained as patients at Gatley such was the regard for the high level of care they received.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
9,326	272	2.9%	128	47.06%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	88.1%	85.1%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	82.0%	91.6%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	96.7%	97.1%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	78.8%	88.5%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	93.1%	94.0%	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)	94.3%	94.1%	90.7%	Comparable to other practices

to 31/03/2017) (GPPS)				
-----------------------	--	--	--	--

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

Date of exercise	Summary of results
2015	General feedback was that the practice needed to increase access to clinicians (more appointments) and make it easier to get through to the practice via the telephone. As a result of the feedback the practice recruited a salaried GP and a pharmacist. The recruitment of the pharmacist meant that the responsibility for many of the medication reviews was taken away from the GPs, freeing up additional capacity for more patient consultations.

Any additional evidence
The practice had not conducted staff surveys for over three years. The practice manager told us that they were soon to re-introduce these and wished to conduct them by two main methods, 360-degree feedback from staff on the performance of clinicians and managers and canvassing staff on future aspirations for the practice moving forward and how it could maximise its effectiveness and caring for patients.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with told us that the GPs and nurses at the practice were particularly good at taking time to explain conditions, treatments and potential outcomes. They told us that they felt involved in decision making and empowered to have an effect on their own healthcare.
NHS Choices	Patients left feedback stating that the clinical staff made them feel very comfortable and that they felt very much part of the delivery of 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 (01/01/2017 to	85.7%	89.4%	86.4%	Comparable to other practices

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 GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	77.1%	86.0%	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 (01/01/2017 to 31/03/2017) (GPPS)	90.7%	92.9%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	85.6%	88.6%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	154 patients had been identified as carers which represented 2% of the practice list.
How the practice supports carers	<p>There was a dedicated noticeboard in the waiting area providing information on where support was available to carers and encouraging patients to identify whether they were carers.</p> <p>The practice offered carers an annual flu vaccination and also an annual health check.</p>
How the practice supports recently bereaved patients	<p>In the event of a bereavement, staff were all made aware so that comfort could be offered should any family members contact or call into the surgery. One of the GPs would telephone the family to offer support and guidance to other services as appropriate, this was sometimes followed by a personal letter should the GP feel it helpful.</p> <p>One of the staff at the practice had recently passed away very suddenly;</p>

	leaving may other staff members very upset. Management at the practice offered individual support and offered counselling. The practice shared the sad news with the patients via the website and by word of mouth and closed the practice on the day of the funeral. Staff we spoke with told us how supportive the practice had been.
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice waiting area was situated away from the reception desk. Staff answering telephones were positioned away from the front reception counter. Staff were trained in maintaining confidentiality and signed up to a practice confidentiality agreement.

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

Source	Feedback
Staff Interviews	Staff we spoke to were able to provide examples of when they had realised that patients required additional privacy and used a quiet room to speak to them.
Patient comments	There were many positive comments relating to patients being treated with dignity and respect and how the reception staff went out of their way to be respectful and maintain patient confidentiality.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-19:30
Tuesday	07:30-18:30
Wednesday	07:30-18:30
Thursday	08:00-19:30
Friday	08:00-18:30
Appointments available	
Monday	08:00-19:00
Tuesday	07:30-18:30
Wednesday	07:30-18:30
Thursday	08:00-19:00
Friday	08:00-18:30
Extended hours opening	
Monday	18:30 -19:30
Tuesday	07:30 - 08:00
Wednesday	07:30 – 08:00
Thursday	18:30 – 19:30

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	Y
If yes, describe how this was done	
<p>Reception staff took basic details of the issue that required a home visit and then clinicians would make an assessment based on that information regarding the priority required. If additional information was required to make that assessment then the GP would contact the patient for more information.</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.	82.0%	82.0%	80.0%	Comparable to other practices

(01/01/2017 to 31/03/2017)				
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)	67.4%	76.6%	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)	84.8%	78.9%	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)	82.3%	78.9%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient comment cards	One patient comment card indicated that it was sometimes difficult to obtain an appointment, however the majority of the other 26 comment cards did not indicate a problem. Several patient comment cards specifically mentioned how easy it was to obtain an appointment. We checked the practice's availability of appointments and saw that both emergency and routine appointments were available that day. Routine appointments could be booked up to eight weeks in advance.

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>)	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	7
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
Additional comments:	
The complaints protocol was clear and unambiguous; it contained guidance and advice for staff in the best ways of dealing with complaints and clearly identified timelines and points of contact both within the practice and external organisations. Information about making complaints or compliments about the practice or staff was available online and in the waiting area.	

Any additional evidence
The complaints we looked at were well documented and clear, anticipated timelines were met and patients received a comprehensive response and apology where appropriate. The practice discussed complaints regularly at meetings and the subject was a standing agenda item. Complaints were reviewed to identify trends and learning opportunities.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The practice had a clear and visible structure which all staff were aware of. Staff took leads for a variety of roles and made themselves available for others to seek advice.

Vision and strategy

Practice Vision and values
The practice had a charter which all staff were aware of and contributed to:
The charter included statements about what patients could expect in terms of courtesy, individuality, consent, information and quality. The charter also detailed what the practice expected from its patients in terms of courtesy, information and timeliness.
The practice mission statement was; "We are committed to good communications and providing a high standard of care".

Culture

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

Source	Feedback
Staff interviews	We were told that the culture of the practice was supportive and open in dealing with all matters. We were told that all staff contributed well to the aims of the practice and that there was a very friendly working environment. Staff supported

	each other and GPs and managers were very supportive.

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

Source	Example
Staff interview	A member of reception staff had identified a potential to improve correspondence flow and after the suggestion was made, the change was trialled and once seen to be successful was introduced as business as usual.
Interview with practice manager	Because of a long period of sustained hot weather, a staff member had suggested that there could be a change to dress code to make staff feel more comfortable during the hot weather. As a result, the practice introduced a different lighter dress code.

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

Source	Example
Complaint	A patient attempted to book an appointment on behalf of their daughter, none was booked and a lack of clarity by reception staff left the complainant unsure of the position regarding the appointment and as a consequence caused some anxiety. An apology was given and staff received training in relation to providing clear and unambiguous information.
Significant event report	A fax with a patient's personal information was sent to the wrong fax number, resulting in that information being disclosed. The recipient dealt with the data appropriately and the information was not further disclosed. The matter was investigated and an apology was offered to the patient. Additional training was provided to staff on information governance and additional checks were added to the process of sending faxes to mitigate the risk of a re-occurrence.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Nurse interview	Highlighted the problem of overheated rooms due to hot weather and insufficient airflow. The practice informed us that as a result of this observation air conditioning was being installed in some areas of the practice to further improve comfort for staff and patients.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	y

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

Source	Example
Practice manager	Monitoring of staff workstation to ensure that a suitable number of breaks are taken from the VDU.
Staff appraisal	As a result of discussion at a staff appraisal and staff suggestion, training has been provided in relation to preventing and avoiding slips and falls.
Supervision	The practice manager established that one member of staff had a back problem and arranged for an assessment of the desk and chair used to assess if there was a better alternative. A referral to occupational health was also made to assess if any other adjustments could be made.
Staff training matrix	The practice made safety training for staff part of its mandatory training, both on induction and ongoing. For example, fire safety training and infection prevention

	and control procedures.
Staff records	Staff immunisation records were kept by the practice to ensure that relevant staff and patients were protected appropriately.

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

Source	Example
Staff interviews	Some members of staff had religions or faiths which required time away from work to observe religious festivals. The practice was supportive of this and worked with staff members to ensure that this was provided in a fair and equitable manner.
Training	The practice had arranged for staff training on lesbian gay bi-sexual and transgender (LGBT) so that staff understood the issues relating to the subject and would be better placed to support and assist patients in this group.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit	The practice had a comprehensive audit plan, with clinicians taking the lead for appropriate areas of specialist skill or interest. Audits had been undertaken or were planned for all the following areas: Atrial fibrillation, Barrett's oesophagus, cardiology referral, coils, ENT referrals, Methotrexate monitoring, minor surgery, Mirabegron, rheumatoid arthritis, smears, diabetes with coeliacs, vitamin B12, osteoporosis, hypertension coding, epilepsy care and paediatric referrals. Examples of improved outcomes included an epilepsy audit, identifying 59 patients with the condition, a comprehensive review of patient notes resulting in longer appointments for annual reviews and suggestions to NHS England relating to QOF indicators relating to the condition.

Examples of service developments implemented in past 2 years

Development area	Impact
Information Technology	Improved communication and access for patients using new information technology and social media, this included text messaging patient reminders, ordering repeat prescriptions, booking appointments online via the website and communication through the practice Facebook page.

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	A complaint from a patient relating to medication/prescription error led to detailed discussion with the local pharmacy and the complainant. The practice worked to improve the methodology for prescription authorisation

	and delivery and this had, to date been effective in preventing such occurrences.	
Practice specific policies	We reviewed a wide range of practice policies which were available on a shared area for all staff to view. One relatively new member of staff was working to provide all practice information in a more intuitive format. Policies we reviewed were well written, comprehensive and in the main, had been reviewed in a timely manner.	
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Building and premises	The practice maintained up to date risk assessments on many areas, these were comprehensive and were in addition to an overall health and safety risk assessment, they included assessments of slips and falls, biological hazards and violence within the practice.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Feedback forms in the waiting area. Engagement with the patient participation group (PPG). Practice newsletter.	Ongoing assessment of services and discussion of any suggested improvements. For example, the practice engaged with the PPG when they were producing their business plan, making several additional points to the plan as suggested by the PPG.
Public	NHS Choices. Practice Website. Facebook page.	Improved flow of information to and from the practice. Better awareness of local services and amenities, for example the local weight management groups.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.

External partners	Regular programme of meetings.	Meeting as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future. The practice engaged with the local authority planning team and established that a large number of new houses and flats were being built within the locality and included this information in their business planning to allow for the increasing practice list. (7,300 in 1992 to 9,400 in 2018)
-------------------	--------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Feedback from Patient Participation Group;

Feedback

We spoke with the lead member of the PPG who indicated that there was a professional and communicative relationship with the practice. We were told that there was an appetite for more face to face meetings in addition to the virtual method of communication. The practice manager told us that they were currently attempting to schedule some alternative meeting times which would be preferable to those patients who found it difficult to attend lunchtime meetings.

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

Examples	Impact
The PPG and patients identified that it was sometimes difficult to get through to the practice on the telephone. The practice worked with the telephone provider and installed new systems adding capacity and an additional line.	Patients experienced better telephone access and increased availability of online appointments reducing the need to make a telephone call.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Reaching out to “seldom heard groups”.	The practice used innovative methods to reach and identify patients from groups who could receive additional support, for example carers and patients eligible for free flu jabs. This was done via social media and the practice TV information screen in the waiting area.
Use of 4G laptops on home visits	This enabled clinicians to have full medical history and guidance available when treating patients in their own home and enabled them to complete electronic prescriptions off site.

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

Audit area	Impact
------------	--------

Audit of Vitamin B12	<p>The audit found that a quarter of the patients audited had notable drugs that could have contributed to their B12 deficiency but were not recorded as such. The practice planned to improve their documentation of considering drugs as causes of B12 deficiency.</p> <p>A quarter of the sample data had no diagnosis at all and varied treatment strategies. This along with the quarter of the diagnosed sample that had a nonspecific diagnosis suggested the practice was erratic in how it defined and managed B12 deficiency.</p> <p>Following the presentation of this audit at the practice meeting it was agreed that a B12 test would be added to the annual bloods for diabetic patients</p>
Audit of Barrett's Oesophagus	<p>27 Patients were identified including a patient with T3 adenocarcinoma of the oesophagus. Reviewing the 27 records, each record was looked at for the date of the original diagnosis, the most recent follow up, any indication of future follow ups and any obvious follow up plan by the hospital in question. As a result, the practice ensured that any patient's Barrett's oesophagus diagnosis was linked to the patient's prescription to identify them at medication review. They referred all patients diagnosed with Barrett's following an open access endoscopy to a hospital follow up where they could be safely recalled. A repeat audit was conducted 6 months later to confirm all patients had a clear recall set up in the hospital system.</p>

Any additional evidence

The practice was a training practice for doctors. At the time of our inspection there was one specialty trainee 3rd Year (ST3), two foundation year 2 trainees, one "Lift" trainee and offered physician associate training. A "Lift" trainee is a student GP on a programme that offers flexibility to training and bridges the gap between primary and secondary care so that the patient pathway and the importance of integration of services to improve patient care can be appreciated.

The practice had monthly external speakers updating previous clinical topics and local medical services as part of continued medical education and a proactive response to patients' needs.

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>