

Care Quality Commission

Inspection Evidence Table

Church Lane - Khan (1-537760126)

Inspection date: 25 April 2018

Date of data download: 13 April 2018

Safe

Safety systems and processes

Source	
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	No
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes*
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes*
Explanation of any 'No' answers:	
<p>The safeguarding lead attended meetings with health visitors; however, safeguarding concerns were not transferred to patient records and we saw examples of this on the day of our inspection. The practice had not established a system used within the practice to highlight vulnerable patients. For example, staff we spoke with were unable to demonstrate the use of warnings or alerts on the practice system to highlight vulnerable patients. Following our inspection, the practice provided evidence to assure us that a system was in place to capture safeguarding concerns on patient records, however the evidence viewed on the day of the inspection did not reflect this.</p> <p>Most staff who acted as chaperones had received a DBS check; however, for some clinical and non-clinical staff who the practice had decided not to carry out a DBS check; a risk assessment to evidence reasons for this decision was not carried out.</p>	

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	No
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	No
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any 'No' answers:</p> <p>The practice did not risk assess the different responsibilities and activities of some staff to determine if they were eligible for a DBS check and to what level as part of their recruitment practices. Where DBS checks had been obtained, these were not carried out as part of the practice recruitment process and the practice relied on checks undertaken by previous employers. DBS checks we viewed were up to 10 years old and the practice was unable to evidence that they had appropriately considered whether new checks were needed.</p> <p>The practice had an employee immunisation programme to ensure staff received the appropriate immunisations according to the roles that they undertook. However, the practice did not carry out a risk assessment to mitigate any risks relating to non-clinical staff that had not been immunised.</p>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 24/03/2018
There was a record of equipment calibration Date of last calibration:	Yes 07/08/2017
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
Fire drills and logs	No
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	No
Fire risk assessment Date of completion	Yes 04/02/2015
Actions were identified and completed. Actions completed following a fire risk assessment carried out in February 2015, included the removal of a door and replacement of fire evacuation signs.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes April 2017
Health and safety risk assessment and actions Date of last assessment:	Yes April 2017

<p>Infection control</p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>Action plan produced following the June 2016 infection control audit such as deep cleaning of furniture, infection control discussed during meetings and steam cleaning of carpets to remove stains. However, staff were unable to demonstrate that carpets had been steam cleaned and a maintenance and cleaning programme was not in place.</p>	<p>Yes*</p> <p>06/2016</p> <p>Yes*</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p> <p>Staff we spoke with explained that the last fire drill was carried out two years ago; however, when asked was unable to provide records to evidence this. Staff we spoke with was aware of what to do in the event of a fire.</p>	

Risks to patients

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.	No
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes*
Staff knew how to respond to emergency situations.	Yes*
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes*
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes*
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	No
Explanation of any 'No' answers: The practice did not operate an effective rota system for all the different staffing groups to ensure enough staff were on duty. For example, staff we spoke with explained that the system was not operated effectively and restricted their ability to use annual leave when needed. Staff also felt that there were times when sufficient staffing levels within the non-clinical team was not maintained or effectively managed. Clinical staff knew how to identify and manage patients with severe infections including sepsis. However, sepsis awareness had not been discussed during meetings and some staff we spoke with were unable to demonstrate awareness of sepsis symptoms.	

Information to deliver safe care and treatment

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.	No
Explanation of any 'No' answers: Staff we spoke with explained that information was shared with allied health care professionals when required. However, safeguarding concerns were not transferred to patient records following these	

discussions.

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	1.10	0.97	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)	6.4%	7.7%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes*
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes*
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes*
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes* No 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

Explanation of any 'No' answers:

Although, prescriptions pads were kept securely the practice had not established a system to track prescription pads both on delivery and when distributed through the practice.

Staff explained that the local medicines management team monitored the prescribing of controlled drugs; however, when asked were unable to provide evidence of audits carried out.

The practice did not carry out risk assessments to mitigate risk relating to emergency medicines which were not stocked by the practice to evidence reasons for this decision. For example, the practice did not stock, benzylpenicillin, buccal midazolam, dexamethasone, furosemide or bumetanide and glucagon. Although, the practice records showed that salbutamol was kept in the practice, when asked, staff were unable to locate this medicine.

The system for checking medicine expiry dates was not effective and we found out of date medicines in GP bags. Staff explained that oxygen levels were checked and we saw evidence of this; however, the working status was not being checked.

In the absence of some emergency equipment, a risk assessment to mitigate potential risks had not been carried out. For example, staff explained that staff did not have access to a defibrillator because it had been damaged therefore, removed from the practice. However, potential risks as a result of this had not been assessed.

Track record on safety and lessons learned and improvements made

Significant events	
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.	Four
Number of events that required action	Four

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

Event	Specific action taken
Phone access interruption	NHS England contacted the practice by email informing them that patients had been trying to contact the practice by phone; however, the phone lines were down. Practice staff checked the phone line; which they found no issues with getting through. As a precaution, the practice implemented a call log, which required staff to call the main line at the start as well as the end of the day. Answer machine messages were checked during this process and staff maintained a record of these checks.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes*
Staff understand how to deal with alerts	Yes*
There was a system for receiving and distributing safety alerts within the practice. For example, staff explained that alerts were sent to GPs upon receipt. However, clinical and non-clinical staff involved in operating the system were initially unable to explain or evidence actions taken to ensure compliance with safety recommendations. Following further exploration of the system, staff discovered that the Clinical Commissioning Groups (CCG) medicines management team had carried out actions to identify patients who required a review of their treatment. However, in response to an alert relating to women of childbearing age, staff were unable to evidence referral to secondary pregnancy prevention programme or discussions with identified patients explaining this service.	

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)	1.72	0.91	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)	92.3%	80.9%	79.5%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.9% (58)	12.8%	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)	76.0%	77.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.0% (69)	10.3%	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)	92.3%	81.0%	80.1%	Variation (positive)
QOF Exceptions				
	21.1% (56)	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)	82.4%	76.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (5)	7.8%	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)	90.4%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (3)	12.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	88.8%	83.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.1% (88)	4.5%	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)	79.5%	87.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (8)	11.2%	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)	33	37	89.2%	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)	41	44	93.2%	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)	41	44	93.2%	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)	42	44	95.5%	Met 95% WHO based target Significant Variation (positive)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	55.6%	68.3%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	56.6%	63.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	43.0%	43.7%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	93.3%	72.6%	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)	96.9%	91.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (3)	11.3%	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%	91.8%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (1)	9.4%	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)	78.9%	84.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.2%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	551	544	539
Overall QOF exception reporting	10.5%	6.6%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	No
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>Any further comments or notable training.</p> <p>Clinical staff were unable to evidence completion of Mental Capacity Act training or process for dealing with consent issues or best interest.</p> <p>Staff records we viewed showed that long standing staff did not received a programme of regular appraisals.</p> <p>At the time of our inspection, staff explained that the practice did not have a permanent nurse for the last 12 months and were using a locum nurse to cover two sessions per week. As a result, staff explained that the practice were in the process of recruiting a practice nurse.</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)	92.5%	95.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (10)	0.7%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	56.3%	50.3%	51.6%	Comparable to other practices

Any additional evidence
<p>The practice was aware of areas where exception reporting was above local and national averages. Staff recognised that an influx of up to 1,000 new patients during 2016 affected the practice QOF performance and staff were working through a process to cleansing the records of all patients who had registered due to the closure of a neighbouring practice.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	Five
Number of CQC comments received which were positive about the service	Three
Number of comments cards received which were mixed about the service	Two
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>CQC comment cards were positive about service and staff. For example:</p> <ul style="list-style-type: none">• Patients felt staff were kind, friendly and caring• Patients felt clinical staff listened to their needs <p>NHS choices showed a mixture of positive and less positive reviews.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
3,537	356	10%	85	23.88%

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)	65.5%	74.5%	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)	88.3%	88.3%	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)	99.2%	95.5%	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)	80.6%	85.0%	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)	90.7%	90.1%	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)	88.1%	88.7%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
Sample of 10 IPLATO SMS Survey responses received between March and April 2018	The sample of patient feedback received using a mobile patient communication systems we viewed showed positive comments about staff attitude and mainly positive patient experience during consultations.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Completed CQC comment cards	Patients felt involved in decisions about their care and commented that the GPs listened to their needs.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	82.0%	86.3%	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 (01/01/2017 to 31/03/2017) (GPPS)	76.9%	81.2%	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)	87.6%	88.2%	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)	82.7%	84.2%	85.4%	Comparable to other practices

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	12 carers on the register (0.3% of the practice list size)
How the practice supports carers	<p>There was a carers board in the waiting room and pack which was given to patients who were carers.</p> <p>Carers were offered flexible appointment times and invited for annual influenza vaccinations. Carers were referred to local support groups.</p>
How the practice supports recently bereaved patients	If families had suffered bereavement, their usual GP contacted them and they were invited in to speak with the GPs or sent a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had bereavement packs which included information and detail of support services available for the family.

Privacy and dignity

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	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.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-13:00
Friday	08:30-18:30
Appointments available	
	GP consulting hours were available from 9am to 12.30pm and 3.30pm to 6pm on Mondays, Tuesdays, Wednesdays and Fridays. Thursdays appointments were available from 9am to 12.30pm, calls received between 1pm and 6pm were diverted to GPs.
Extended hours opening	
	At the time of our inspection, extended hours were not available.

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>To assess whether a home visit was clinically necessary and the urgency of the need for medical attention patients who requested a home visit would be placed on a home visit request list, which GPs worked through collectively. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need.</p> <p>In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. Staff we spoke with explained how they navigated patient's appointments effectively.</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)	73.2%	77.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	50.1%	58.7%	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)	60.3%	66.7%	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)	59.5%	66.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Completed comment cards showed that patients were mainly satisfied with the appointment system and were able to get an appointment when requested.
NHS Choices	Feedback received over the last 18 months was less positive about appointment access. For example, anonymised comments showed that patients found it difficult to get through to the practice by phone and were not satisfied with the appointment system.
July 2017 National GP patient survey	Showed low patient satisfaction regarding access.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.
Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	Three
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

The practice vision and values set out the overarching aim which was to 'provide people registered with the practice with personal health care of good quality and to seek continuous improvement on the health status of the practice population overall'.

Culture

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

Source	Feedback
Staff	Staff we spoke with felt respected, however did not always feel supported in their role.
Staff	Communication within the practice was not always effective. For example, staff who did not attend practice meetings were not informed of meeting actions or outcomes. Staff were not sure whether meeting minutes were being recorded or where they were kept.

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

Source	Example
Staff	The practice actively promoted the use of online services, which enabled patients to book, cancel appointments as well as order repeat prescriptions in as an attempt to reduce the pressure on the practice phone lines.

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	Practice had provided a patient with a written explanation of their policy and process for patients who arrive late for their appointment. The letter also outlined what patients could do if they were unhappy with the practice response.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff explained they have raised concerns in the past regarding issues within the team; however, their concerns had not been acted on.
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	
Yes*	

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

Source	Example
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Staff	At the time of our inspection, the practice was carrying out a recruitment campaign to increase the clinical team. During this process, the practice recruited locum GPs and nurses to support the clinical team.
Staff	The practice recruited receptionists to replace staff who had left the practice. However, oversight of rotas was not carried out effectively. For example, staff we spoke with explained that there have been times when staff had worked alone in reception which impacted on their ability to answer the practice phone in a timely manner.

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

Source	Example
Training records	Records viewed showed that staff were trained in equality and diversity.
Staff	Staff explained that they did not feel supported or treated equally within the practice.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit	The practice had a programme of clinical audits. For example, an audit relating to patients diagnosed with chronic kidney disease some demonstrated that actions taken had resulted in quality improvements, with the exception of an Atrial Fibrillation treatment (an irregular and sometimes fast pulse) audit which showed performance had declined. During our inspection, clinical staff we spoke with were unable to explain reasons for this decline. Following our inspection, members of the management team explained that the results were severely affected by the fact that the first audit was carried out before the influx of new patients; therefore, the second audit included the new registered patients, which CCG were aware of.

Examples of service developments implemented in past 2 years

Development area	Impact
Clinical System	The practice made changes to their clinical system during July 2017. As the practice becomes more familiar with the system, improved protocols and systems for recalling patients on the practice disease registers' were being developed.
Clinics	The practice introduced virtual clinics with the support of local diabetic and respiratory services. For example, the nursing team received support from a community COPD specialist who carried out a clinic at the practice. A diabetologist (a specialist doctor in diabetes) held monthly virtual clinics where complex cases were discussed and GPs received guidance on treatment options.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails. For example; notifying CQC of events which stops the service running safely and properly, absence of a registered manager or partner for more than 28 days.	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
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Patients	Patient participation group (PPG),	The practice had a PPG; however, staff explained that engagement was low. As a result, the practice were considering setting up a virtual group.
Patients	Comments box in reception and I.plato (2 way texting system)	Comments box was situated in patient waiting area. Following comments received, the practice reinstated the repeat prescription request box.
External partners	CCG	The practice participates in the Aspiring to Clinical Excellence (ACE) programme led by CCG which identifies priorities for driving improvement.
External partners	Neighbouring practices	The practice was actively planning with a group of neighbouring practices to explore provisions for extended opening hours.

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

Examples	Impact
National GP Patient survey and NHS choices comments	Results from the national GP patient surveys as well as patients' comments written on NHS choices help the practice to respond to areas to improve patient satisfaction. The practice had not carried out an overall analysis; however, were addressing individual issues such as phone access.

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>