

Care Quality Commission

Inspection Evidence Table

Fremington Medical Centre (1-552545712)

Inspection date: 28 June 2018

Date of data download: 20 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(s) 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: NA	
Additional observations: We saw the practice policy on chaperoning, which stated all staff who undertake this role and all clinicians have an enhanced DBS check. Three staff records seen demonstrated this policy had been followed.	

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
<p>Explanation of any answers:</p> <p>Three staff files demonstrated safe appointments were made. Medical indemnity is in place for all the clinical staff at the practice. Nurse practitioners also had their own indemnity insurance, which was seen in a file.</p> <p>A spreadsheet was held of NMC registration, revalidation and other qualifications held. Dates had been kept demonstrating an annual check of the NMC was done for all nursing staff. The practice had employed a pharmacist and held the same information on file.</p>	
Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test: July 2017</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: July 2017</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment</p> <p>Date of completion 6 April 2017</p>	Yes
<p>Actions were identified and completed.</p>	Yes

<p>Additional observations:</p> <p>The practice held a register of equipment with dates of last checks completed, contractors used and next date due.</p> <p>The fire procedure was reviewed in June 2018. Records demonstrated fire checks were done weekly and showed equipment was in working order. A fire safety inspection undertaken by the fire authority took place in April 2017. The report highlighted the practice should consider use of automatic closures where room doors needed to be held open. The practice manager told us this was planned for the refurbishment.</p> <p>Recalibration records showed all equipment had been examined in July 17 by an external contractor. This was next due in July 2018. The schedule of maintenance and recalibration demonstrated the practice had a rolling programme over the 12 months of the year.</p> <p>No liquid nitrogen was kept at Fremington Medical Centre.</p> <p>Training records seen verified staff were able to access an online training resource and also attended face to face training each year.</p>	Yes
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: 25 January 2018</p>	Yes
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: 25 January 2018</p>	Yes
<p>Additional comments:</p> <p>The practice had data sheets for all the chemicals used for cleaning. The last control of substances hazardous to health (COSHH) risk assessment was recorded as 2014, although records demonstrated this was regularly reviewed and current COSHH information was available for staff guidance.</p> <p>The practice manager worked closely with another practice and had a peer review system in place. Health and safety assessments were done together providing peer support in meeting the legal requirements.</p>	
<p>Infection control</p>	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: November 2017</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw eleven action points on the last infection prevention control (IPC) audit report in 2017, all of which had been addressed: Hand hygiene posters were displayed in all rooms. A strip on the staircase had been repaired increasing cleanliness.</p> <p>Hand hygiene audits were completed in January 2018 providing the practice with assurance of staff competency and areas of training to focus on. The IPC lead informed us a six monthly hand hygiene audit was due to take place soon after the inspection.</p>	Yes

The practice used an external cleaning company and records demonstrated there was a service level agreement in place. Quality processes were seen, which included a monthly assessment of cleaning standard. The records for June 2018 showed a good standard had been achieved (ratings ranged from good, fair to poor). Records demonstrated a shower head was being removed and cleaned in line with the legionella risk assessment and action plan.	
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>Non-clinical staff were able to describe the safe handling of clinical specimens brought in by patients. Processes were seen maintaining the health and safety of staff. This included the use of appropriate clinical sample containers, personal protection equipment such as gloves and hand gel.</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
<p>Explanation of any answers:</p> <p>We witnessed the practice managing an acutely unwell person. Staff were compassionate, attentive and reassuring to the person.</p> <p>There was a year-round education programme underway, which all staff was able to access. Clinical staff interviewed said there was an education session about sepsis planned for August 2018.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
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	Yes

managed in a timely manner.	
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: Systems were well co-ordinated with all staff understanding their roles, what to do to escalate concerning information and expected timescales for reviewing results and actions.	

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)	1.07	0.96	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)	9.4%	10.6%	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.	NA
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.	NA
The practice held appropriate emergency medicines and risk assessments were in place	Yes

to determine the range of medicines held.	
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 transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers: The practice had systems in place to ensure staff had appropriate authorisations to give immunisations. There was a prescribing lead GP responsible for signing the authorisations comprising of Patient Group Directions or Patient Specific Directions. Records demonstrated twice daily checks took place to ensure fridge temperatures remained within safe limits between 2-8 degrees Celsius to maintain vaccines at a safe temperature. The practice did not use a data logger to reduce any temperature discrepancies, but had ordered one by the end of the inspection to use.	

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.	31
Number of events that required action	30

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

Event	Specific action taken
A patient on an anti-clotting medicine had a blood test taken by community nurses and which was analysed at the hospital, did not receive a telephone call to verify whether the dose needed to change or not. This did not cause any harm to the patient.	The practice reviewed the GP responsibilities within the procedure for monitoring patients. All GPs were then made aware of the procedure to follow, which included increased recording on the duty doctor screen and district nursing records. Onsite testing was available for most patients to receive their results and advice about dosing before leaving the practice. However, the practice was going to purchase mobile near patient testing equipment for patients who are housebound for community nurses to use.
A patient with diabetes did not have a routine blood glucose check carried out as part of the annual review.	Nursing staff identified the patient had not been followed up. Coding on the patient record system was incorrect, so when searches of the diabetic register were carried out they had not been included. The patient's GP was informed and coding applied

	to ensure they were on diabetic register and recalled for an annual review.
A baby with an acute respiratory illness needed treatment with a steroid medicine which was not held in stock at the time.	The practice reviewed medicines held as stock items. We saw steroid medicine was held at the practice and accessible to clinicians if a patient needed immediate treatment with this.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Safety alerts were sent to the practice manager and then disseminated to named staff within each team to action. Staff interviewed verified this information was sent to them for action. We looked at safety alerts received from Medical Devices Regulatory Agency (MHRA). A record of actions taken from these was kept and included: home use and point of care blood glucose monitoring systems, which the practice identified was not held on the premises. A search of all female patients on sodium valproate took place and actions were taken review this at the point of the alert. Practice records demonstrated a further search had taken place in May 2018 with five patients identified and reviewed by GPs promoting patient safety.</p>	

Any additional evidence
Staff told us the practice had a low threshold regarding reporting any significant or safety events. Staff were encouraged to be open about any incidents and these were used as a source of learning for quality improvement.

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) <small>(NHSBSA)</small>	0.92	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) <small>(QOF)</small>	83.9%	81.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (39)	13.7%	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) <small>(QOF)</small>	89.8%	76.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.9% (42)	12.1%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	83.7%	81.2%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (68)	15.8%	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) <small>(QOF)</small>	86.1%	76.6%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	9.7%	(45)	11.3%	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)	98.2%		89.9%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	7.4%		13.0%	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)	87.7%		84.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	5.7%		5.2%	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)	91.8%		89.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	15.4%		8.5%	8.2%	
Any additional evidence or comments					
<p>We reviewed the outlier exception rate for patients with atrial fibrillation (a heart condition) on anticlotting medication. Staff said all patients between aged 40 and 75 were offered health checks every five years, which was aimed at picking up any issues needing further investigation. Patients with existing long-term conditions were monitored more frequently. We found nursing staff did not complete a tool used nationally to determine whether a patient could be at risk of stroke or heart attack. We discussed this during feedback as area for improvement. The practice told us they would consider implementing this risk tool.</p>					

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)	51	56	91.1%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	46	48	95.8%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	46	48	95.8%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	47	48	97.9%	Met 95% WHO based target Significant Variation (positive)

Any additional evidence or comments

The practice had a well-established recall system with named staff monitoring the childhood immunisation register. On receipt of the hospital discharge letter the practice sends out a congratulations card and an appointment for the baby and parent/s to see the GP and practice nurses. Staff told us they saw this as an important opportunity to engage with parents to explain childhood health, support available and services at the practice.

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)	79.1%	75.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	83.2%	76.1%	70.3%	N/A

Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	67.4%	61.3%	54.5%	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)	70.4%	68.0%	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)	53.2%	57.1%	51.6%	Comparable to other practices

Any additional evidence or comments

The practice used every opportunity to engage women in the cervical screening programme. Information was on the practice website and screens in waiting rooms. The practice was aware that 20% of women were not attending for cervical smears and in the process of investigating if there were any patterns for this so they could target the patients they needed to.

The lead nurse told us an audit of all female patients with a learning disability was underway to identify whether they had been recalled for cervical screening. If this had not been done, the patient was invited to attend for this screening unless there was a clinical reason for this not to be done. As the audit was not complete it was too early to report about the outcome for patients.

Staff told us all patients with a cancer diagnosis were offered an open appointment with a practice nurse to ensure they were receiving the support they needed.

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)	100.0%	85.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	35.0% (7)	15.8%	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)	92.9%	87.1%	90.7%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.0% (6)	13.7%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	80.7%	85.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.8% (22)	8.4%	6.8%	

Any additional evidence or comments

The practice had analysed exception rates for reviewing patients with dementia and identified where improvements were needed. The data accessible to us for the inspection was published more than 18 months before so not the most up to date information. Improvements seen at the practice which had been put in place during 2017/18 were: During the winter 2017/18 the practice shared a paramedic home visiting service with other practices and had also employed a temporary GP for this period. The GP is an elderly care specialist and the practice had created a substantive post for two days per week specifically for monitoring patients with frailty, complex and/or living in care homes. Records showed the GP was due to return to the practice on 1 October 2018. A co-ordinator role was created for an administrator whose responsibility included setting up monthly frailty meetings for the multidisciplinary team.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	543	539
Overall QOF exception reporting	6.4%	6.5%	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) <small>(QOF)</small>	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) <small>(QOF)</small>	96.2%	95.0%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	0.5%	(11)	0.9%	0.8%

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

Staff were able to explain the consent process for all invasive procedures such as ear irrigation, cervical screening, blood taking and minor surgery. They showed us templates on the patient record system, which included a checklist for when an Independent Mental Capacity Advocate (IMCA) was involved in making a best interest decision for a patient.

Any additional evidence

Staff interviewed told us the practice had a strong learning culture where they were encouraged to develop skills and offer ideas or innovations to improve the service. A health care assistant had been supported to commence a university-based course about continuing professional development in general practice. Practice nurses specialised in management of patients with diabetes and respiratory conditions having completed advanced qualifications in these areas.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	3
Number of CQC comments received which were positive about the service	2
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	Since the last inspection, the practice had received five stars based on 15 reviews. Of these one was negative and the practice had invited the patient to meet with them to look at what could be improved. Fourteen reviews highlighted staff as being attentive

	and caring and patients had confidence in the GP and practice nurses when ongoing health monitoring was needed.
CQC comment cards	Comment cards described positive experiences of in-depth care and support received from the team at Fremington Medical Centre.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,813	220	146	66.36%	2.1%

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)	89.5%	86.8%	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)	91.7%	92.5%	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)	100.0%	97.2%	95.5%	Variation (positive)
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)	90.5%	90.6%	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)	94.0%	93.7%	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)	94.1%	93.6%	90.7%	Comparable to other practices

Any additional evidence or comments

Four patient representatives and two written comment cards highlighted a high level of confidence in GPs, nurses and other staff working at the practice.

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

Date of exercise	Summary of results
June 2018	The practice was in the process of carrying out a survey, which included patient individual feedback about every GP. The results from this survey were not yet available when we inspected.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with four patient representatives who described their relationship with the practice as a partnership. Patients told us they were empowered to make decisions when further investigations, treatment or onward referrals were necessary.

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)	89.2%	90.5%	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)	90.4%	87.8%	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)	93.9%	92.5%	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)	86.7%	88.9%	85.4%	Comparable to other practices
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Any additional evidence or comments

The practice used all forms of feedback for learning. For example, there was a comments book in the waiting area for patients to fill in. The practice manager recorded all comments received to identify any action required.

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. The practice coded communication needs for patients on the patient record.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	<p>A new patient questionnaire specifically asked whether they had any caring role. All new patients were invited for a face to face appointment and asked whether they were a carer.</p> <p>There was a register of 194 carers, representing 2.8% of the total number of patients registered at the practice.</p>
How the practice supports carers	<p>Staff told us they were mindful during consultations to check whether a patient had become a carer and to record it in the patient notes.</p> <p>When carers were identified, they were given information about support available from Devon Carers and Pinpoint Devon. Devon Carers provided assessments and Health and Wellbeing checks.</p> <p>Information on the practice website included the 'Herbert protocol' which advises carers to complete a short form about the person they are looking after to be used in the event of the family member going missing to provide police with helpful information.</p>
How the practice	Bereavement cards were sent out routinely and GPs contacted the bereaved

supports recently bereaved patients	family for a telephone call.
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Any additional evidence
Posters explaining the interpretation service were displayed in waiting areas.
Staff interviewed shared examples of reasonable adjustments made for patients. Examples seen included person with limited eyesight had a note that all correspondence should be sent out in larger print. A patient with disabilities was enabled to have their assistance dog with them at all times when visiting the practice.

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	We observed reception staff were polite with patients. Conversations were discreet and avoided confidential information being discussed at the reception desk.

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
Patient participation group (PPG)	Four PPG members gave positive feedback about their relationship as patients with all the staff. They described feeling empowered, in partnership and being encouraged to be an expert patient. They spoke about the development of the practice health and well-being club to encourage people in the community to attend who were not frail but could be vulnerable for other reasons. They told us the practice was very caring, listened to what patients wanted. An example shared with us demonstrated the practice put patients and their carers first. A patient who had been at the end of their life was

	enabled to stay at home with services supporting them and their carers. Their carers who were close relatives received regular visits from the GP out of normal hours, which also included a visit at 7am to support them after their relative died overnight.
Comment cards	One of the three patient comments highlighted an area for improvement for people with mental health needs. The patient had experienced delayed referrals for secondary service review and treatment. The practice was aware of this issue and demonstrated they had escalated concerns about access to mental health services prior to the inspection.
NHS Choices	The practice had received a five star rating (one being lowest and five highest) from 15 patient reviews. Patient comments highlighted the practice staff were friendly and caring.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am - 6.30pm*
Tuesday	8am - 6.30pm*
Wednesday	8am - 6.30pm*
Thursday	8am - 6.30pm*
Friday	8am - 6.30pm*
<p>*All practices in Devon have arrangements with the out of hours provider to take telephone calls between 8am and 8.30am and 6pm to 6.30 pm. Devon Doctors provides the out of hours service from 6.30pm to 8am every weekday and all day/night at weekends.</p> <p>Information about when the practice is closed for training was displayed on the practice website.</p>	

Appointments available	
	Routine GP
	Routine practice nurse
	Routine healthcare
	Same day – for urgent issues
	Routine community pharmacist
Extended hours opening	
Monday evenings	6.30 pm to 7.30pm
Early morning phlebotomy appointments	8am to 8.30am

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	
<p>We observed reception staff taking incoming calls from patients and saw they asked a series of questions to determine how best to help the patient. They showed us a pathway followed and explained they had received training about health navigation (sign posting a patient to the right service and help). All patients asking for a home visit or advised to consider this was then referred to the GP. A system on the patient record denoted when the GP needed to review this contact. However, staff said if they were concerned they contacted the GP immediately rather than waiting for them to see and act on the notification system. Patients told us GPs telephoned them within half an hour or sooner to discuss their health and needs.</p> <p>Practice nurses carried out home visits to vulnerable patients where necessary to complete reviews with them when they had a diagnosed long-term condition.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,813	220	146	66.36%	2.1%

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)	81.1%	83.7%	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)	79.0%	82.1%	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)	93.2%	84.9%	75.5%	Variation (positive)
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)	82.6%	82.1%	72.7%	Comparable to other practices

Any additional evidence or comments

The practice had listened to patient feedback about the appointment system and implemented changes, which resulted in higher satisfaction rates.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice had received a five star rating (one being lowest and five highest) from 15 patient reviews. Patient comments highlighted the practice had a good triage system and access to a choice of clinical staff including an advanced nurse practitioner and community pharmacist.
Comment cards	We received two comment cards from patients, which were positive about experiences at the practice.
Patient participation group	We spoke with four patient representatives who told us patients were able to access services provided at the practice in a timely way. Most patients they said were able to obtain a routine appointment within a few days of requesting one. Recent health navigation training for reception staff was described as a positive step and had enabled staff to be effective in signposting patients to the right services and support. The additions of an advanced nurse practitioner/partner and prescribing community pharmacist to the team was seen by patients as a positive step enhancing the service further. They told us patients were experiencing more regular medicine reviews and able to access appointments with the advanced nurse practitioner for minor illness issues. Other recent developments at the practice had been the promotion of online services. Patients said the practice still recognised the need to continue more traditional access methods via the telephone lines as there was a high percentage of older people registered who did not use the internet or computers.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	Yes
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice provided a summary of complaints for three completed years. Staff and patients told us the practice welcomed all forms of feedback and held records of this, including verbal feedback. The practice had a summary which linked to all the correspondence and records of every complaint providing a clear audit trail of the handling of each one. For some, a significant event investigation took place leading to learning for the practice. An example seen had led to all patients diagnosed with cancer being reviewed at educational meetings to share learning and increased early diagnosis.	

Example of how quality has improved in response to complaints

Patient feedback had led to changes being made to the telephone triage system. The practice recognised patients and relatives felt distant from their GP and led to increased anxiety. A more flexible system was introduced, facilitating GPs to manage contacts from patients by having a conversation with the patient and deciding with them the best course of action. GPs were able to make an appointment for the patient at a suitable and clinically appropriate time. Patient representatives said patient feedback had improved since this change.

Well-led

Leadership capacity and capability

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

Since the last inspection, the practice had worked closely with another practice on plans to merge which did not reach fruition. The GP partnership recognised this had been a difficult and challenging time for all staff by rewarding them with a bonus and social events. There were clear lines of accountability and staff spoken knew who the named lead staff were for areas such as safeguarding, performance, infection control and complaints.

Any additional evidence

All of the staff interviewed at the inspection told us they were proud, felt valued and enjoyed working at the practice. Records demonstrated there was very low staff sickness and staff turnover.

Vision and strategy

Practice Vision and values

The practice vision is to provide quality patient care. Staff were patient focussed and quality improvement was embedded practice. The practice understood the specific needs of the patient population, with below average percentage of young patients and 33% being over 65 which is more than twice the national average. After encountering severe challenges during 2016/17, the practice had reviewed its strategy. Successes were: the recruitment of new salaried GPs, an advanced practitioner (partner) and community pharmacist; moving forward with plans to refurbish and extend the building; and the development of social prescribing by working with local groups and setting up its own health and well-being club in October 2017.

Culture

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

The practice has a core competencies framework, setting out the standards of behaviour and values expected of all staff. Staff supervision and appraisal followed the talent conversation tool as a positive way of discussing areas where staff excelled and where improvement was needed.

Staff told us they were encouraged to develop their skills through training. They told us they were supported to be competent and safe practitioners.

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

Source	Feedback
Feedback forms from staff	We received 13 feedback forms from staff, all of which were positive with staff proud to work at Fremington Medical Centre. The majority of these comments highlighted a strong patient focus as the priority for all staff.
Staff interviews	Staff told us they were proud working at the practice, enjoyed working there and there were low rates of sickness and staff turnover.

Any additional evidence

The practice had identified carers were not always being coded on the patient record system, which could affect the accuracy of the carers register held. Actions to address this were underway when we inspected with a policy and procedure having been reviewed and awareness raised with staff.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Staff were able to access all the policies on the practice intranet via a bespoke application. This included detailed information about important telephone contacts, which were linked within policies making it simple for staff to follow.
Other examples	The practice had set values and behaviours providing staff with clear guidance about the standards they were expected to perform to. We saw evidence that this was used as a framework for conversations with staff during supervision when development and improvement goals were agreed and monitored.

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities.	Yes

Any additional evidence

There was an organisational structure with clearly set out lead roles for all staff. GP partners and senior managers regularly monitored progress of agreed actions highlighted on the practice risk register.

Managing risks, issues and performance

Complaints	Y/N
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Major incident plan in place	Yes
Staff were able to access the plan on the practice intranet and were trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Potential loss of power	The major incident plan was put into action when a power line was cut affecting all power to the practice. The incident plan was updated in May 2018 as a result of learning from this incident. Changes included adding steps to check four fuse boxes and torches.
The practice had reduced the risks by having a low threshold for reporting events for investigation	A standardised code was used by all staff when recording an issue or reporting an event. This enabled the practice to run regular searches to identify any events which had not been reported through the normal mechanism of completing an online form.
Vulnerable patients having delayed access to mental health services	The practice was aware of pressures on mental health services and had carefully reflected on learning from patient experiences. The practice had implemented a policy to safeguard vulnerable patients. Any patient experiencing a mental health crisis who contacted the practice was dealt with as an emergency and flagged as urgent to the duty or named GP to follow up. GPs used all mechanisms to escalate concerns about access and demonstrated examples to us during the inspection.

Appropriate and accurate information

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

Any additional evidence
The practice had appropriately submitted statutory notifications advising the Care Quality Commission (CQC) of events such as changes to the partnership and significant events. The practice manager was in regular contact with the CQC inspector to develop a working relationship for ongoing monitoring of the service.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We met with four members of the patient participation group. Patients explained the practice consulted them well about proposed improvements, for example the renovation of the building. They told us they felt listened to and had influenced changes at the planning stage for the new lift and disabled access toilet to be sited in a different place.

Any additional evidence

The practice set up a well-being club for the community in 2017 with the help of the PPG. The purpose was to reduce isolation and establish early identification of any risks for patients who were not yet frail but could be vulnerable due to other circumstances. The club was held four times a year and attended by a GP, practice nurse and other staff from the practice. Minutes showed since October 2017 there had been a range of presenters and topics covered:

- Integrated Diabetes Care – podiatry, One Small Step (Healthy living) and Diabetes specialist Dietician
- Fuel Poverty (361 Energy)
- Home Fire prevention (Devon Fire and Rescue service)
- ‘Live Wise-Age Well’
- Patient Transport discussion
- Local Microbiologist for ‘All about antibiotics’
- Focus on Dementia.

30-40 patients attended the club over the sessions held since 2017 and were able to access support, events and screening at the club. The June 2018 event identified four patients with high blood pressure which led to further investigations being undertaken. The practice expressed a wish to increase the frequency of the health and well-being club, but required further input from PPG members.

Continuous improvement and innovation

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

Audit area	Improvement
Management and control of prescription forms	Improved security, traceability and timeliness of prescriptions being prepared for patients.

Any additional evidence

Fremington Medical Centre was an approved training practice having taken a short sabbatical from this over the previous two years. GP registrars (to become qualified GPs) and ST2 and ST3 doctors (specialty training for doctors to build up their knowledge, clinical skills and professional approach) were able to have placements at the practice and be supported by an approved trainer. The practice was due to provide its first student nurse placement in September 2018. Future placements were planned for medical students.

The practice had employed a clinical pharmacist since May 2018. Their role included monitoring and reviewing patients including those on high risk medicines, representing the practice at prescribing focussed meetings and providing advice to patients and other healthcare professionals supporting them.

Since starting, the clinical pharmacist had carried out polypharmacy medicine reviews (patients prescribed multiple medicines) to reduce any associated risks, such as increased risk of falls. In May 2018, 40 patients were identified, reviewed and had prescriptions changed. By June 2018, this had reduced to 29 patients the practice told us they anticipated a downward trajectory of polypharmacy prescribing.

Since the last inspection, the practice developed a bespoke IT hub providing staff with instant access to all practice news, procedures, learning from significant events, formulary for safe prescribing and approved products for wound management, contact information, GP duty rota, NICE guidelines and patient information leaflets. The hub point also provided information about services available in North

Devon, which staff could use to signpost patients to.

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](#)).