

Care Quality Commission

Inspection Evidence Table

The Porch Surgery (1-552621072)

Inspection date: 29 May 2018

Date of data download: 25 May 2018

Safe

Safety systems and processes

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

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

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 2014</p>	Partial
<p>There was a record of equipment calibration Date of last calibration: 18/10/2017</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 Last evacuation procedure completed: 26/3/2018</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	No
<p>Fire risk assessment Date of completion: June 2017</p>	Yes
<p>Actions were identified and completed.</p>	Yes
<p>Additional observations: The practice had not completed portable appliance testing on their electronic equipment since 2014. The practice told us they had completed an assessment and determined that not all equipment needed to be checked every year. However, the practice was unable to provide evidence of this assessment. They said their policy was to follow recognised guidance, which they showed us. This said different inspection regimes were appropriate for different types of equipment. For example, it said Class 1 electrical equipment should be inspected and tested every one to two years and cables and plugs should be inspected and tested every six months to five years depending on the type of equipment it is connected to. There was no evidence the practice had assessed their electrical equipment to determine the appropriate inspection regime. There was no evidence the practice had completed a visual check of plugs and cables since 2014. The practice told us they had assessed kitchen kettles as being a higher risk item of electrical equipment which would be visually inspected every six to 12 months and tested every one to two years. They avoided the need for these tests to be completed by purchasing new kettles and discarding the older ones before they needed to be tested. However, the practice was unable to evidence they were monitoring the purchase dates of kettles so they would know when they needed to be replaced.</p>	Yes

Health and safety Premises/security risk assessment?	Yes
Health and safety risk assessment and actions Date of last assessment: March 2018	Yes
<p>Additional comments:</p> <p>The practice recorded information about patients electronically. However, they still needed to be able to refer to the patient's older paper records which were stored in three separate locations in the practice building. Some were stored on open shelves in the downstairs room used by reception and administration staff, some were on open shelves in an upstairs meeting room, and others were in an attic storage area. These areas were not usually accessible to patients as they were in areas only accessible by staff. On the day of the inspection the practice was unable to evidence they had done a risk assessment or taken action to minimise the risk of the records being inappropriately accessed. The day after our inspection the practice sent us a risk assessment, which itemised how they minimised the risk of unauthorised access to these records, which included ensuring staff and contract cleaners signed a confidentiality agreement. However, we found they were not taking all reasonable actions to minimise these risks. For example, the attic storage room was not routinely kept locked and they files were stored on open shelves rather than in locked cabinets.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 12 January 2018 The provider acted on any issues identified:	Yes 12/1/2018 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>We looked at the practice systems for disposing of clinical waste. We found two small sharp boxes which were not appropriately labelled. One was in the waste storage area, the other on the worktop in the nurses treatment area. The staff were unsure where these had come from but believed them to be sharp boxes issues to patients via a prescription that had been returned to the practice by the patient rather than using the official disposal system. Staff said sometimes patients would leave a filled sharp bin on the counter and they could not be certain who had left it.</p>	

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers: n/a	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers: n/a	

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)	1.02	0.98	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)	10.1%	11.4%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	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 but not always effective
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.	Yes
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.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
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.	No
<p>Explanation of any 'No' answers (and additional information relating to a 'Yes' answer):</p> <p>Nursing staff kept a daily record of the two medicine fridge temperatures. These were adjacent to each other and called the left and right fridges. They were not recording the maximum and minimum temperatures of these fridges, nor did they have a second independent thermometer as recommended in recognised guidance. We looked at the temperature records and found that both fridges were regularly going out of the allowed temperature range of +2 degrees Celsius and +8 degrees Celsius. There were 13 occasions when the right-hand fridge temperature was out of range and seven when the left-hand fridge was out of range since February 2018. On nine of these occasions a second temperature reading had been recorded later in the day showing the temperature was back in range. The practice policy said that when the temperature falls outside the temperature range action must be taken, it must immediately be reported to a manager and that the vaccine stock is no longer a licensed product. We spoke to the manager responsible for overseeing the nursing team who told us some, but not all, of the out of range events had been reported to them. There was no clear record of this reporting which was sometimes done by email and sometimes verbally. The practice believed the out-of-range temperature readings were caused by the fridge doors being opened prior to the reading being taken. Recognised guidance advises the temperature reads should be taken first thing in the morning before the fridges are accessed. The out-of-range temperature records had not been identified as a significant event and there was no evidence the practice had considered what action it should take to prevent the out-of-range readings. There was no evidence the practice had quarantined the affected vaccines or contacted NHS England for further advice as recommended in recognised guidance on any occasion when the temperature went out of range. Following our inspection, the practice emailed us to say they had contacted the manufacturers of all the vaccines kept and had received verbal confirmation that they were safe to use.</p> <p>In April 2017 the CCG purchased a template system for all Wiltshire practices. The system supported a range of regular activities, including a high-risk medicine search function. These searches were run every one, two or three months depending on the medicine. The searches looked for patients on a high-risk medicine who have not had the required review of blood test within a set period. The Porch surgery had not previously used these templates and had to wait for the training which was given in August 2017. The practice now uses these high-risk medicines search functions on a regular basis. For example, one search looked for patients on Warfarin who had not had an INR blood test done in the last 3 months. The results of the searches were then reviewed by the GP prescribing lead and appropriate action taken. There was no evidence of any oversight, or checking of this by anyone at the practice.</p> <p>We asked the lead GP which high risk medicines were included in the search programme but he was unsure. We were given a list of these medicines and found it did not include Amiodarone. After our inspection the practice sent us information that Amiodarone was one of the high-risk drugs included in their search programme.</p> <p>We saw that on 26/5/2018 the GP prescribing lead had been automatically tasked by the system to look at 10 patients who had been identified as on Warfarin but not having had the appropriate blood test. The GP had not yet reviewed these patients but we were told he would have done it on 29/5/18 except that was the day of our inspection. We looked at the ten patients and found seven were now taking new oral anticoagulant (NOACs) with warfarin stopped and two were self-monitoring their INR. One patient was prescribed warfarin on 14/5/18 despite an entry in their notes dated 26/12/17 saying, "now on Fragmin" and a letter dated 3/3/18 stating, "On low molecular weight heparin".</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	18
Number of events that required action	18

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

Event	Specific action taken
Two patients attended for urgent blood tests and were told the duty GP would phone them that day with the results, but this did not happen.	The practice investigated and found the duty GP had reviewed the results, and finding them to be within normal limits did not consider an urgent return phone call to the patients was required. The practice reviewed their policy on this which they changed to say that all patients waiting for urgent blood results should receive a phone call, even if the results were normal.
When a new patient came to live in the area under a scheme which protected their identity, their new details were recorded at registration. However, this did not change their name on the prescriptions sent to the pharmacy.	The practice investigated and found the change of personal details on prescriptions were not done automatically. The practice changed their procedures to ensure all new patients were asked which pharmacy they wanted any prescriptions to go and the other details checked.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
The system in place ensured incidents were identified and action taken to ensure patient safety.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.75	0.90	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)	88.4%	83.7%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.9% (116)	18.1%	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)	82.2%	79.8%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.8% (121)	12.2%	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)	95.5%	82.9%	80.1%	Significant Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.7% (161)	17.6%	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)	74.1%	78.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (112)	9.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.2%	92.7%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.2% (34)	13.6%	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)	86.2%	83.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (103)	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)	95.8%	90.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (14)	8.3%	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)	115	122	94.3%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	133	145	91.7%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	133	145	91.7%	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)	136	145	93.8%	Met 90% Minimum (no variation)
<p>We saw evidence that in the year 2017/18, 76% of patients aged 65 and over had received a 'flu vaccination compared with the national average of 70%. The practice 'flu vaccination programme was supported by the patients participation groups who attended the special 'flu vaccination clinics.</p>				

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)	73.8%	75.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.5%	76.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	62.7%	62.9%	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)	76.5%	66.0%	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)	92.6%	94.0%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.8% (24)	15.1%	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)	96.4%	93.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.2% (22)	13.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.2%	87.2%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.6% (9)	8.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	553	539
Overall QOF exception reporting	6.4%	6.2%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes

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)	99.6%	95.6%	95.3%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (8)	0.8%	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)	53.1%	47.0%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	29
Number of comments cards received which were mixed about the service	0
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>We received 29 comment cards from patients, all of which were positive about the service. Patients said all staff were kind, compassionate and professional. The service was variously described as 'excellent'. Some patients commented on how the staff went the extra mile to provide a responsive service.</p> <p>We spoke to three patients on the day of the inspection, who were members of the practice patient participation group. They were positive about the quality of care given by the practice which they said was excellent.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
11,360	224	2%	130	58.04%

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)	77.1%	83.9%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	94.2%	92.3%	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)	96.2%	97.6%	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)	85.1%	89.5%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	93.3%	92.7%	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) (GPPS)	91.9%	91.9%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke to three patients at the practice who were members of the patient participation group. They told us they felt involved and that their personal decisions were taken into account when they saw a nurse or GP.

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)	92.8%	90.6%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	80.1%	86.9%	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)	93.2%	91.5%	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) (GPPS)	83.6%	87.1%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had a comprehensive carers register and had identified 208 carers which was 1.8% of their registered patients.
How the practice supports carers	<p>The practice had been awarded a gold award for caring for carers by a local charity working in partnership with the local authority. They had been given the award for their work with carers because they ensured priority and flexible access to appointments and offered an annual health check for this group of patients. Fourteen carers had attended for an NHS health check in the past 12 months.</p> <p>There was close liaison with the local Wiltshire Carers trust to provide support, including benefit advice to all carers within the practice. The practice also offered carers a yearly educational event.</p>
How the practice supports recently bereaved patients	The practice contacted families who were bereaved by telephone and/or with a visit.

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	The practice waiting area was situated away from the reception desk. Staff answering telephones were positioned away from the front reception counter.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-12:30
Monday	13:30-18:30
Tuesday	08:00-12:30
Tuesday	13:30-18:30
Wednesday	08:00-12:30
Wednesday	13:30-18:30
Thursday	08:00-12:30
Thursday	13:30-18:30
Friday	08:00-12:30
Friday	13:30-18:30
Appointments available	
Weekdays	08.30-11.30 and 15:00 to 17:30
Extended hours opening	
Monday and Thursday	07:30-08:00
Wednesday	18:30-19:10
Saturday morning	On alternate weeks

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	
All requests were sent to the duty doctor who phoned the patient to assess if a home visit was required. The GP and practice nurse accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.	

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)	82.4%	82.7%	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)	85.9%	78.4%	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)	74.3%	83.8%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	82.4%	79.5%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Comments cards	We saw many examples of where patients had commented they had no problems with accessing appointments at the practice. Patients said they could access urgent, on-the-day appointments whenever they needed them and the practice would always see children as a matter of priority.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	13
Number of complaints we examined	3

Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice mission statement was, "Where everyone cares".

Culture

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

Source	Feedback
Staff	Staff we spoke to on the day of our inspection told us they enjoyed their work and found the practice a supportive environment in which to work.

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

Source	Example
Staff Member	Following a suggestion by a staff member the practice is reviewing its system of passwords required to access the practice IT system.

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

Source	Example
Practice health and safety risk assessments	The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. These were regularly checked and updated as needed.
Staff training matrix	The practice made safety training for staff part of its mandatory training, both on induction and ongoing. For example, fire safety training, infection prevention and control.
Staff records	Staff immunisation records were kept by the practice to ensure relevant staff and patients were protected appropriately.

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

Source	Example
Staff training matrix	Staff were trained in respecting equality and diversity.

Examples of actions to improve quality in past 2 years

Area	Impact
Cervical screening	The practice had recognised they were not meeting the national target and had implemented a plan to improve uptake. An audit demonstrated the screening rates had gone from the bottom quarter to the top quarter and Public Health England had sought permission to use the practice as a case study for improving cervical screening uptake.

Examples of service developments implemented in past 2 years

Development area	Impact
Urine test	In January 2018 the practice started a project to train health care assistants (HCA) to test urine for infection. Previously this had been done by GPs and nurses. The aim was to develop HCA skills and to release GPs for other clinical tasks.

Managing risks, issues and performance

Major incident plan in place	Yes
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Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Friends and Family test	The practice monitored feedback from the Friends and Family test. They were planning on doing their routine health & safety inspections more frequently in order to engage with a local litter picking group.
Patients	Patients participation group	The group was active in engaging with the practice

Feedback from Patient Participation Group;

Feedback

We spoke with three members of the practice Patient Participation Group (PPG). They met four times a year and communicated by email between meetings, which were usually attended by around ten members. They told us the practice supported them, listened and responded to their ideas and feedback. They gave a number of examples of this. For example, they reviewed how they advertised the on-line appointment booking system following feedback from the PPG.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had developed a patient leaflet on skin-tears, which had been shared with other practices by the Wiltshire Clinical Commissioning Group.	This supported more effective treatment for patients
The practice had recently completed a project to review their stock management and make it more efficient and effective.	This reduced practice costs and reduced risks not having the necessary stock items.

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>