

# Care Quality Commission

## Inspection Evidence Table

### Conway Medical Centre (1-4921845679)

Inspection date: 10 July 2018

Date of data download: 26 June 2018

**Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17 and to the previous provider.** CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person	Y

Date of last inspection/Test: 02.05.18	
There was a record of equipment calibration Date of last calibration: 02.05.18	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	N
Fire risk assessment Date of completion: 23.05.18	Y
Actions were identified and completed.	Y
Additional observations:  There was a lone working policy in place.  The practice did not identify a particular member of staff as a fire marshal in case that person was off on the day of a fire. The practice had a process in place that the senior person on duty on that day took responsibility. The practice manager was the default member of staff unless they were not on duty.  We saw that there had been a recent fire drill involving staff on 05.07.18. Staff were aware of their roles and responsibilities.  The practice manager undertook weekly checks on the fire alarms. The last one had been on 09.07.18	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 23.05.18	Y
Health and safety risk assessment and actions Date of last assessment: 23.05.18	Y
Additional comments:  A legionella risk assessment had been undertaken in February 2017 and had identified some issues. For example, the cold-water storage tank needed cleaning and disinfecting. This tank had since been removed. We saw that all actions had been completed in relation to the assessment.	
<b>Infection control</b>	Y/N
Risk assessment and policy in place Date of last infection control audit: 04.04.18 with a follow-up audit completed 06.07.18	Y

<p>The practice acted on any issues identified</p> <p>Detail:</p> <p>An infection prevention and control (IPC) audit had been undertaken by the Leeds Community Healthcare Trust IPC team in April 2018. They had identified several areas where the practice was partially compliant. It was acknowledged that at the time of the initial IPC audit there had been refurbishment works being undertaken in the practice which could have impacted on the audit results, such as higher than usual dust levels. A repeated audit showed there had been improvements and action had been taken by the practice. We saw a trail of communication between the practice and the IPC team to confirm that actions had been taken to support compliance.</p> <p>At the time of the inspection the practice was clean and tidy and the refurbishment had been completed.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

### Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
<p>Explanation of any answers:</p> <p>Staff rotas were organised by the practice manager.</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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Additional information:	

We saw that clinical records and referral letters written by the GPs were detailed and of good quality (as per the GP specialist advisor member of the inspection team feedback).

We were informed that there had been some issues with community staff, who were not employed by the practice, were not able to attend regular multidisciplinary meetings. However, we were assured that information was shared with other healthcare professionals and patients' records updated with relevant information.

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.78	No data	1.01	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	No data	No data	8.9%	Comparison not available

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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y

There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Additional information:</p> <p>The practice was supported on a weekly basis by a pharmacist from the Clinical Commissioning Group (CCG) medicines optimisation team.</p> <p>Quarterly antibiotic prescribing audits were undertaken. We saw evidence that the practice was performing better than some local practices regarding appropriate antibiotic prescribing. The practice had made some significant cost savings by prescribing appropriately and in line with national guidance. We saw CCG produced reports which corroborated what we were told.</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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	8
Number of events that required action	8

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

Event	Specific action taken
Laboratory contacted the practice to give urgent test results. A member of the admin team took the telephone call and recorded the details on a piece of paper rather than send as an electronic task (as per process) to the GP for them to action accordingly.	<p>The patient was contacted the following day by a GP (when they had received the information). Patient attended the practice and treatment was given as appropriate. There was no harm to the patient in this instance.</p> <p>The member of staff was spoken with and reiterated what the correct process was.</p>
Patients were handing over stool sample specimen pots to reception staff. The staff were putting into a bag without ensuring they were labelled correctly.	<p>The processes were revised in line with infection prevention and control, to ensure the samples were labelled and handled correctly. Receipt of the sample is also recorded in the patient's record.</p> <p>Staff were informed of the new process and reiterated the importance of ensuring the samples are labelled correctly.</p>

Safety Alerts	Y/N
---------------	-----

There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: There was a protocol in place for dealing with alerts. The practice manager (and clinicians) received emails. They were forwarded onto the appropriate person to deal with. Any actions were recorded and discussed. We saw that hard copies of the alerts with actions taken were kept in a folder. We saw where the most recent alerts had been dealt with and patients had been contacted. For example, an alert relating to an asthma medication inhaler device.	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.16	No data	0.98	Comparison not available

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	47.9%	76.3%	79.5%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3.5%	13.7%	12.3%	
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)	57.3%	75.1%	78.1%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	4.1%	9.9%	9.2%	
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)	67.5%	76.9%	80.1%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	6.4%	12.4%	13.2%	

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)	71.7%	75.8%	76.4%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	1.3%	6.4%	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)	88.9%	87.5%	90.4%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	2.7%	8.7%	11.3%	
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)	71.4%	82.3%	83.3%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	2.5%	3.8%	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)	100.0%	87.6%	88.4%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	7.7%	10.1%	8.2%	



### Any additional evidence or comments

The above 2016/17 QOF related to the previous provider.

On the day of inspection, we were provided with unverified and unpublished data submitted by the practice for the 2017/18 QOF indicators:

- 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 was 61.1%
- 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 was 68.8%
- 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 was 81.2%
- 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 was 69%

### Families, children and young people

Indicator	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)	88.0%	Practice is below the WHO target of 95%
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)	92.3%	Practice is below the WHO target of 95%
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)	92.3%	Practice is below the WHO target of 95%
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)	92.3%	Practice is below the WHO target of 95%

### 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)	59.2%	73.5%	72.1%	Comparison not available

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	52.6%	71.4%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	28.3%	56.6%	57.4%	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)	66.7%	67.3%	70.3%	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)	100.0%	45.0%	51.0%	Comparison not available

#### Any additional evidence or comments

The above 2016/17 data related to the previous provider. We were provided with unverified and unpublished data for 2017/18

Although the uptake of childhood immunisations remained lower than the WHO target, the practice was aware of this. They informed us that there were cultural and language barriers which meant that attendance for planned appointments was lower than average. As a result, clinicians often opportunistically vaccinated patients (with their consent) when they attended for other issues. The practice was continually trying to raise awareness and educate patients regarding the benefits. They were also involved in a local university research project to identify the causes of low uptake and how it could be improved.

We saw that there had been some improvement in the cancer indicators:

- 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 was 66.2%
- 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 was 100%

We were informed of the difficulties the practice encountered in patients attending for cancer screening due, in the main, to their cultural background. The practice proactively supported patients to attend and multi-lingual staff explained the screening process.

#### 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)	85.7%	88.4%	90.3%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0.0%	9.6%	12.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	93.2%	90.7%	Comparison not available
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)	75.0%	87.3%	83.7%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	20.0%	7.2%	6.8%	
<b>Any additional evidence or comments</b>				
<p>Information submitted to us during inspection, showed that the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 80% (this was unverified and unpublished data submitted for 2017/18 QOF).</p> <p>Longer appointments were allocated to patients who were attended for a review of their health care. We saw that for 2017/2018 the practice had achieved the maximum points available for the QOF indicator.</p>				

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	460	523	534
Overall QOF exception reporting	3.3%	-	5.8%

### Effective staffing

Any additional evidence
<p>The staff who were employed by the previous provider had transferred over to the new provider. We were informed there had been some challenges and issues which had necessitated the provider contracting the services of an external human resources (HR) organisation.</p> <p>There had been some changes in what administration/reception staff were expected to do within their role, for example having 'champions' for areas such as carers and cancer screening. Some of these changes had been met with resistance. However, training and support were being provided by the practice to assist staff in managing the changes.</p>

### Coordinating care and treatment

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

## 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)	89.1%	95.5%	95.3%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	1.3%	0.7%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice was able to monitor consent through the patient record system.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	19
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Friends and Family Test	The NHS Friends and Family Test is a survey which asks patients if they would recommend the practice to their friends and family, based on the quality of care they have received. The results in the preceding quarter showed that out of 59 patients, 53 said they would recommend the practice to others; four said they would not and two said they did not know.
CQC comment cards	Feedback from patients we received via CQC comment cards was positive about the way they were treated.
NHS Choices	We saw there were some comments on NHS Choices relating to reception staff "being rude". We discussed this with the practice manager and GP partners, who informed us they were aware and were dealing with the issue. They had provided additional training and support for the relevant staff members.

**National GP Survey results** (Results were published 7 July 2017. Data was collected from January to March 2017.)

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,402	369	64	17.3%	2.7%

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)	54%	74%	77%	Comparison not available

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)	78%	89%	89%	Comparison not available
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)	89%	95%	95%	Comparison not available
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)	61%	86%	86%	Comparison not available
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)	82%	91%	91%	Comparison not available
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)	72%	90%	91%	Comparison not available
<b>Any additional evidence or comments</b>  The above patient survey data relates to the previous provider. At the time of our inspection the data for January to March 2018 was not available.  We discussed the patient satisfaction data with the practice. They informed us they were aware of the issues and were working towards improving them.				

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	Patients told us they felt involved in decisions about their care and treatment.

## 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	73%	87%	86%	Comparison not available

explaining tests and treatments (01/01/2017 to 31/03/2017)				
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)	60%	83%	82%	Comparison not available
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)	82%	89%	90%	Comparison not available
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)	74%	86%	85%	Comparison not available
<b>Any additional evidence or comments</b>  The above patient survey data relates to the previous provider. At the time of our inspection the data for January to March 2018 was not available.  Patients' comments we received on the day were positive in relation to the above questions.				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	n/a
<b>Additional comments:</b>  The practice did not have their own website, however, patients could access online services through a specific portal available to GP practices. They were made aware of this at the time of new patient registration and information provided in the practice.  The practice had a high number of non-English speaking patients. There was a higher than average use of interpretation and translation services that other practices within Leeds.	

Carers	Narrative
--------	-----------

Percentage and number of carers identified	47 of patients were identified as carers, including one identified as being a young carer. This total figure amount to approximately 2% of the patient population.
How the practice supports carers	<p>Annual health checks and influenza vaccinations are offered.</p> <p>The practice participated in the Leeds Carers' yellow card scheme and support carers to register.</p> <p>The practice signposted cares to a carers' café which was located within a local practice.</p> <p>There was a carers' board in the patient waiting area which had a lot of appropriate information, including how carers could access other avenues of support.</p> <p>The practice was proactively encouraging identification of carers.</p>
How the practice supports recently bereaved patients	<p>Support was offered as needed.</p> <p>Signposted to other services as appropriate, such as counselling services.</p> <p>There was a resource book in the patient waiting area which contained information of other avenues of support.</p> <p>Clinicians responded to the cultural needs of patients in relation to death certification and burial requirements.</p>

### Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>There was a screen at the reception area, which supported conversations not to be overheard clearly.</p> <p>On the day of inspection, we saw that confidentiality was maintained.</p>

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



# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am to 7.45pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm

<p>Appointments available:</p> <p>On the day</p> <p>Sit and wait</p> <p>Pre-bookable</p> <p>Online</p> <p>Telephone advice</p>
<p>Extended hours opening:</p> <p>The practice opened until 7.45pm on Monday.</p> <p>There were extended hours via a local GP practice 'hub' which operated 8am to 8pm Monday to Sunday.</p>

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	Y
If yes, describe how this was done	
<p>Requests for a home visit were forwarded to the GP who would assess if this was clinically appropriate. They would speak with the patient if a home visit was not deemed appropriate.</p> <p>Patients who were known to have mobility issues or who would always require a home visit were identified on their electronic record.</p>	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,402	369	64	17.3%	2.7%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient	83%	77%	76%	Comparison

survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)				not available
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)	74%	66%	71%	Comparison not available
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)	71%	82%	84%	Comparison not available
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)	66%	70%	73%	Comparison not available
<b>Any additional evidence or comments</b>  The above patient survey data relates to the previous provider. At the time of our inspection the data for January to March 2018 was not available.  Patients' comments we received on the day were positive in relation to the above questions.				

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Out of 21 comment cards, only two commented negatively on appointments: "the waiting times can sometimes be long" "I cannot always get a booked appointment" However, some patients commented that access to appointments had improved.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>  There was a complaints procedure and policy in place and we saw there were details on how to make a complaint, on posters in the patient waiting areas.  The practice informed us that in addition to the four complaints they had received, they were also dealing with two complaints which related to the previous provider.	

### **Example of how quality has improved in response to complaints**

In response to the complaints, we saw that staff had been supported in further training and awareness of the issues.

# Well-led

## Leadership capacity and capability

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

On the day of inspection, we were informed of the leadership within the practice that had been in place over the previous 12 months; as the result of a new provider. Some staff had identified lead roles relating to governance, management and clinical leadership. We were assured that the leaders had the capacity and capability to improve the practice.

## Vision and strategy

### Practice Vision and values

The practice had a statement of purpose in place. This identified that they aimed to provide:

- high quality, caring primary care services to all patients, at all times, in a safe environment
- treat all patients with dignity, courtesy and respect, taking into account the views of patients and staff
- listen to patient feedback and make changes where a need for change is identified
- work collaboratively with other agencies to provide patient-centred care

## Culture

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

On the day of inspection, the GP specialist advisor saw good quality clinical records which evidenced quality care and treatment for patients.

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

Source	Feedback
Staff	<p>There had been some challenges arising from the transition of one provider to another.</p> <p>Some staff told us how they had been supported and welcomed the changes. They saw them as being positive.</p>

### Any additional evidence

The manager and GP partners were open and honest with us on the day of inspection. They informed us of the challenges they had encountered and the actions they had taken to manage them. They had meetings where they had encouraged staff to be open and honest about any concerns/issues they had.

## Governance arrangements

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

Practice specific policies	We saw a range of policies to support governance of the practice. They were all in date and were appropriate.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

## Managing risks, issues and performance

<b>Complaints</b>	<b>Y/N</b>
Major incident plan in place	Y
Staff trained in preparation for major incident	Y

Examples of actions taken to address risks identified within the practice

<b>Risk</b>	<b>Example of risk management activities</b>
Environmental risks	Managed appropriately
Clinical risk	Managed appropriately

<b>Any additional evidence</b>
On the day of inspection, we were assured the practice was dealing with issues and responding to them as they arose.

## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

<b>Feedback</b>
The practice had a joint patient participation group with other local practices. This was as a result of few patients willing to become a member. Information was shared across the practices to inform any changes or developments which may need to take place.

## Continuous improvement and innovation

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

<b>Audit area</b>	<b>Improvement</b>
Antibiotic prescribing	The practice could evidence they were low, but appropriate,

	prescribers in this area.
Prescribing of gabapentin	<p>This was undertaken to ensure that the drug was being prescribed appropriately and in line with guidance.</p> <p>We saw there were six patients identified who had follow-up actions/review comment notes. For example, to manage a reduction in patient use or use of an alternative medicine.</p> <p>An initial audit had been completed in July with a view to re-audit in six months.</p>

### Any additional evidence

- The practice had developed a diabetic foot screening protocol which had been presented locally with a view to being cascaded to other practices.
- The practice was participating in a local lung cancer screening trial to support early identification and diagnosis.
- We were informed of the 'task board' being developed to support administration staff in understanding what was required to be done on a daily, weekly, monthly basis. This would provide a clear and easy picture of what tasks had been completed and what was outstanding.
- We were informed there was a programme of audit in place. However, due to the provider's length of time in the practice, they had not had the opportunity to complete any two cycle audits.

### DO NOT DELETE THE NOTES BELOW

#### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

#### Glossary of terms used in the data.

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