

# Care Quality Commission

## Inspection Evidence Table

### Shadbolt Park House Surgery (1-567911350)

Inspection date: 5 July 2018

Date of data download: 13 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 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 (DBS) checks were undertaken where required	Yes
Explanation of any answers: Reception staff who had been trained as chaperones were in the process of being DBS checked before carrying out this duty.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
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
Explanation of any answers: A locum nurse file we reviewed did not contain the information required. We were assured that checks had taken place. However, the file did not contain an up to date registration, evidence of indemnity insurance, documentary evidence of any qualifications relevant to the duties being carried out or an induction to the practice.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	No June 2016
There was a record of equipment calibration Date of last calibration:	Yes September 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	No
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	No
Fire risk assessment Date of completion	Yes July 2018
Actions were identified and completed	Yes
Additional observations: The last fire drill practiced was January 2016. The practice did not have adequate fire marshals. For example, staff were unaware who the fire marshal was and presumed it was the practice manager. However, the practice manager did not have this role and was part time so would not be a suitable full time candidate.	
<b>Health and safety</b> Premises/security risk assessment Date of last assessment:	Yes June 2018
Health and safety risk assessment and actions Date of last assessment:	Yes July 2018
Additional comments: The fire risk policies were not specific for the practice.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: There was an action plan created, with dates that actions were to be completed by. For example, cold chain training to both clinical and non clinical staff to be completed by 17 July 2018	Yes June 2018
The arrangements for managing waste and clinical specimens kept people safe?	Yes

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods	Partial
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 'red flag' sepsis symptoms that might be reported by patients and how to respond	No
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>At the time of the inspection, the practice had no nursing staff and was reliant on locum nurses. The practice was able to show us plans for the recruitment of nursing staff and how their tasks were being internally managed by locum staff and the GPs. The practice manager explained that although advertisements for practice nursing staff had been in place since November 2017 there had been no suitable candidates. In light of this the practice had decided to recruit a lead nurse in the first instance and had received several promising candidate curriculum vitae.</p> <p>Receptionists had not received training to enable them to identify 'red flag' symptoms of sepsis. Clinical staff had a good understanding of sepsis and the required action to take for patients presenting at risk.</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	Partial
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
<p>Explanation of any answers:</p> <p>We were told by the practice manager and administration staff that recall systems were not robust and patients were not always recalled for reviews.</p>	

## 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)	1.09	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)	10.3%	10.0%	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	Partial
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	Partial
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength)	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance	NA
Up to date local prescribing guidelines were in use	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	Yes
The practice held appropriate emergency medicines	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
Explanation of any answers: The practice was not tracking blank prescriptions used in the printers.	

The management of lithium needed to be more robust and in line with NICE Guidance.

The monitoring of fridge temperatures was not robust and we noted some temperatures that were above the recommended range. For example, the vaccine fridge required its temperature to be monitored twice a day (morning and afternoon). On the 11/05/2018, 14/05/2018, 18/05/2018 and 21/05/2018 the afternoon temperatures had not been monitored. We also saw that on 8/05/2018, 09/05/2018 and 10/05/2018 the maximum temperature was above the recommended range. We saw no investigation as to why the temperatures were above range and only one entry that specified that medicines management was called but no recording of what action was taken. We also did not see this recorded as a significant event.

### Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	No
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months	7
Number of events that required action	7
Explanation of any answers: Staff who monitored fridge temperatures were unaware of the procedures to follow if temperatures went above or below the required ranges.	

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

Event	Specific action taken
Practice unaware if a locum GP had completed a two week referral (TWR)	Locum pack updated requesting locum GPs speak with a salaried / partner GP or secretary if they wished to make a TWR referral

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Alerts were received digitally by the deputy practice manager who sent them on to the pharmacist for dissemination to the lead GP and clinical staff. Alerts were discussed at clinical meetings.	

# 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)	0.47	1.19	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) (QOF)	82.8%	81.8%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (15)	10.2%	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)	66.2%	74.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (20)	10.4%	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)	74.9%	80.3%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (22)	13.7%	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)	73.8%	74.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (50)	7.3%	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)	99.0%	92.4%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.3% (12)	11.7%	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)	77.6%	80.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (25)	4.1%	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)	93.5%	89.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (3)	7.0%	8.2%	

## 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)	89	104	85.6%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	80	102	78.4%	80% or below Significant variation (negative)
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)	81	102	79.4%	80% or below Significant variation (negative)
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)	81	102	79.4%	80% or below Significant variation (negative)
<p>We spoke with the practice in relation to their lower than average figures for child immunisation. The practice had two practice nurses and a nurse practitioner leave, which had impacted on the number of children being immunised. The practice was also aware their recall process was not robust and patients may have not been sent reminders to attend for their immunisations.</p>				

## 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)	73.8%	72.4%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.2%	69.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	60.3%	57.4%	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)	57.9%	69.9%	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)	64.6%	50.1%	51.6%	Comparable to other practices
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## 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)	81.0%	91.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.4% (11)	11.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.3%	89.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.8% (6)	9.1%	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)	74.4%	81.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (3)	6.0%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545	531	539
Overall QOF exception reporting	3.8%	5.2%	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.	Partial
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.	Partial
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
<p>If no please explain below:</p> <p>Not all staff had completed mandatory training and there were gaps in the training matrix. For example, out of 26 staff members (clinical and non-clinical) six staff members had not completed infection control training, four had not completed information governance, five had not completed mental health awareness and four had not completed health, safety and welfare training. We also noted that basic life support training for non-clinical staff was out of date but this had been planned for July and August 2018.</p> <p>At the time of the inspection, the practice was reliant on locum nurses. We viewed the recruitment file for the locum nurse and noted there was no induction record completed.</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) <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>	93.9%	94.4%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (6)	1.0%	0.8%	

## Consent to care and treatment

### Description of how the practice monitors that consent is sought appropriately

The practice was able to monitor that consent was sought for interventions through the patient records. The practice ensured that written consent was sought for minor surgery procedures; the completed forms were then uploaded into the patient record. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	4
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
Comments cards.	Feedback received was positive about the practice. Patients said the staff were extremely caring and professional and they were treated with kindness and respect. We had one comment about telephones lines being busy so difficult to phone for an appointment.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,198	252	125	49.60%	1.5%

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)	84.2%	78.5%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	96.3%	90.3%	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)	98.4%	95.7%	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)	93.7%	86.8%	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)	90.5%	91.0%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	90.9%	91.3%	90.7%	Comparable to other practices

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Staff	The practice could demonstrate that they worked to involve all patients in their care. For example, the practice put alerts on patients records when they were visually or hearing impaired so all staff could provide the appropriate support.
Patient feedback	Patient's comments we received told us they felt the GPs and nurses involved them in the 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 explaining tests and treatments (01/01/2017 to 31/03/2017)	91.6%	86.9%	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)	83.7%	82.9%	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)	85.6%	89.4%	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)	77.8%	83.5%	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 identified 118 patients as carers; this represented approximately 1% of the practice list.
How the practice supports carers	The practice's computer system alerted GPs if a patient was also a carer. There was a carer's noticeboard and written information was available to direct carers to the various avenues of support available to them.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

### 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	There was a sign at reception desk requesting patients to stand back to allow for confidentiality at reception. Calls were answered in the office behind reception to ensure caller confidentiality was maintained. Staff followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private. Staff we spoke with told us of practical ways in which they helped to ensure patient confidentiality. Patient information was never on view and dates of birth rather than full names were requested when taking phone calls. Patients could also book in via an electronic booking screen.

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	8.30am - 6.30pm
Tuesday	8.30am - 6.30pm
Wednesday	8.30am - 6.30pm
Thursday	8.30am - 6.30pm
Friday	8.30am - 6.30pm
Telephone lines are open daily from 8am (Reception closed between 1pm and 2pm)	

<p>Extended hours opening Monday 6.30pm – 8.30pm</p> <p>A duty doctor was on duty every day and emergency appointments were available throughout day.</p> <p>Patients could book appointments up to two weeks in advance and telephone appointments were available. Receptionists could request an urgent GP telephone appointment if they felt the patient urgently needed to be spoken with before making an appointment. For example, patients during a mental health crisis.</p> <p>The practice was part of a federation of GP practices that offered evening appointments until 9pm and weekend appointments – Saturday 9am until 1pm and Sunday 9am until 1pm. These appointments were run from several locations in Leatherhead, Epsom and on the Downs.</p> <p>The federation also ran a children's extended clinic from 4pm to 8pm, which the practices patients could attend. Appointments could be booked through the practice or directly.</p>
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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>Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately.</p> <p>In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.</p>	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,198	252	125	49.60%	1.5%

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)	77.1%	75.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	70.6%	66.1%	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)	71.5%	75.2%	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)	70.1%	71.4%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>The practice was aware of comments on NHS Choices about the difficulty of getting an appointment. This had not been helped by the practice being without a nursing team. However, the practice had reviewed the number of appointments for GPs, the number of GPs available each day and the tasks which GPs were required to complete, so that appointment availability could be improved. We were shown evidence that 68 additional GP appointments were available each week by increasing the number of GPs available and by asking administration staff to complete some of the GP workflow tasks.</p> <p>The physicians associate (PA) had also returned to work, part time, after maternity leave. The plan was that by September a further 36 appointments would be available with the PA.</p> <p>We also reviewed the GP work rotas and saw an improvement for the number of GPs available each day, from the last inspection in November 2017. We viewed the rotas for July, August and September 2018 and saw that on most days four GPs were available, with five being available on Mondays.</p>



## Listening and learning from complaints received

<b>Complaints</b>	
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>	
We saw evidence that complaints were fully investigated, with transparency and openness. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care.	

# Well-led

## Leadership capacity and capability

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

The practice had identified that the future of the practice depended upon successful recruitment of nursing staff. They were also exploring whether a different skill mix was required, to meet increasing patient demand for flexible access to care and treatment. A GP was retiring from the practice in September 2018 and the practice was exploring to replace them with either an advanced nurse practitioner or another physicians associate.

The new practice manager told us about the practices vision to develop the practice and demonstrated capacity and capability by supporting existing staff, introducing new ways of working to benefit patients and developing clear timelines to achieve their business plan.

## Vision and strategy

### Practice Vision and values

The practice had developed a mission statement and a set of aims and objectives, which provided a summary of the core goals underpinning the care and treatment they provided. Information about these was available throughout the surgery, including in the patient waiting area.

Some of the practice's aim were to:

- To provide high standards of medical care
- To operate with integrity, discretion and complete confidentiality
- To improve services through the involvement of patients

## Culture

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

Staff we spoke with told us that there was an open culture at the practice and they felt the GPs and management were very approachable. They told us they felt listened to and respected.

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

Source	Feedback
Staff interviews	Staff told us that the last seven months had been a challenge. Nursing staff had left and a new practice manager had started. However, they told us that they felt supported and listened to. They told us the practice manager was approachable and that they were able to raise concerns and now believed those concerns would be addressed.
Practice Manager	The practice manager had recently been appointed and told us that they had been supported by staff.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	All policies we reviewed were relevant and up to date.
Other examples	There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which identified local health and safety representatives.
Learning from complaints	The practice had policies in place to manage complaints. Patient information for complaints set out the timescales for responses and we saw this was adhered to.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
<p>Policies and procedures were not always followed to ensure safety. For example, recruitment procedures for locum staff were not always followed and the monitoring of required fridge temperatures to ensure vaccine viability.</p> <p>The practice was lacking an effective system to ensure all staff had received appropriate training for their role.</p> <p>There was no clear management or overview for the recall of patient reviews.</p> <p>Fire drills had not taken place since 2016 and electrical equipment needed to be PAT tested.</p>

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
No nursing staff	The practice was able to show us plans for the recruitment of nursing staff. Due to the lack of suitable candidates the practice had decided to change the role to lead nurse and had received several suitable candidates CVs. GP administration time had been freed up to increase the number of appointments available to cover some of the shortfall of nursing appointments.
Confidentiality in reception area	The practice had applied for an improvement grant to reconfigure the waiting area to allow for more confidentiality, when patients talked to reception staff.
Increasing GP administration	Workflow training had been provided for administration staff and a new software had been installed, so that staff can take over elements of the GP's administration. This had increased GP availability.

## Appropriate and accurate information

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

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

### Examples of methods of engagement

	Method	Impact
Patients	Feedback forms in the waiting area. Direct email contact with the practice or via NHS Choices.  Engagement with the patient participation group (PPG).	Ongoing assessment of services and discussion of any suggested improvements.
Staff	Open door policy.  Staff meetings and minutes.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.

## Feedback from Patient Participation Group

Feedback
We spoke with two members of the patient Participation group (PPG). The PPG currently had ten members who met face-to-face and around 30 in a virtual group (communicating via e-mail rather than face-to-face meetings). The PPG gave feedback and suggestions to the practice on areas of possible improvement. They also produced the practice newsletter and organised fund raising events to provide the practice with additional equipment. The PPG told us that the new practice manager had attended their meetings and had discussed issues the practice was facing in relation to the lack of nursing appointments. They were aware of the short term plan to continue to use locums and the long term plan to employ a lead practice nurse before employing other nursing staff.

## Continuous improvement and innovation

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

Audit area	Improvement
Undiagnosed diabetes audit	Patients were called in for a review with 11 patients reviewed in the first cycle and three on the repeat cycle seven months later.

#### 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](#)).