

# Care Quality Commission

## Inspection Evidence Table

### Dr Marianne Ford (1-502082023)

Inspection date: 12 June 2018

Date of data download: 29 May 2018

## Safe

### Safety systems and processes

Source	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.	No
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.	No
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Partially
Reports and learning from safeguarding incidents were available to staff.	No
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	
<ul style="list-style-type: none"><li>The practice provided us with a range of examples where they had supported vulnerable patients and addressed safeguarding issues. However, we reviewed an additional four sets of notes for patients with safeguarding concerns. We found that not all coding had been correctly implemented, nor had concerns been recorded across family members. Not all infants at risk had an alert placed on the system despite being registered with the practice.</li><li>Not all safeguarding referral letters contained sufficient information. It was not clear from the records we reviewed whether all agencies had been informed. For example, notes for a vulnerable adult living alone showed a referral had been made to the intermediate care team. However, the practice was unable to demonstrate that other agencies like social services had been informed, nor was there a care plan in place.</li></ul>	

<b>Recruitment Systems</b>	<b>Y/N</b>
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
<b>Safety Records</b>	<b>Y/N</b>
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 07.06.2018	Yes
There was a record of equipment calibration Date of last calibration: 28.08.2017	Yes
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	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 06.03.2018	Yes
No actions were identified	
Additional observations: The fire action protocol was shared with all staff.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 23.02.2018	Yes
Health and safety risk assessment and actions Date of last assessment: 08.12.2017	Yes
Additional comments:	

The practice told us they were in the process of reviewing the security of storing paper notes in the practice. We saw that notes were stored in view of a downstairs window. The notes were not locked away, nor did the window have any cover. This could present a security risk when staff were not at the practice.

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit:  Detail: There was a cleaning schedule for soft furnishings including carpets and curtains.	Yes 29.05.2018
The arrangements for managing waste and clinical specimens kept people safe?	Yes

### 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
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes

### 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.	No
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.	No
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	No
Explanation of any 'No' answers:	

- We reviewed seven sets of patients notes and found these did not always contain enough detail. For example, care plans, prescribing justification, pain medication reviews and pain scales.
- We reviewed a range of records including safeguarding records and found not all the necessary information had been shared.

### 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) <sup>(NHSBSA)</sup>	1.81	1.11	0.98	Significant variation (negative)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) <sup>(NHSBSA)</sup>	10.7%	9.4%	8.9%	Comparable to other practices

#### Any additional evidence

- We asked the practice why their antibacterial prescribing was significantly higher than local and national averages and they told us this was due to their elderly patient population group. However, this indicator is already weighted to take into account the age of the practice population.
- The practice told us that they handed out information leaflets regarding antibiotic prescribing and used methods such as delayed prescriptions to reduce prescribing. However, we reviewed a range of patient notes and found an instance where a patient with a cough was prescribed two courses of antibiotics in close succession. The reason for prescribing antibiotics was not documented. For example, duration of cough, clinical signs of chest infection or vital observation. The patient was a smoker there was no record in the documentation that an underlying condition such chronic obstructive pulmonary disease (COPD) had been considered. For example, the patient had not been referred for a spirometry test (Spirometry is used to diagnose asthma, COPD and other conditions that affect breathing).

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
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	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 GMC guidance.	No
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 The practice had a defibrillator Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> <li>We noted from records that opiate toxicity had been diagnosed during a hospital admission (opioids are prescribed to help reduce treat moderate to severe pain- toxicity can occur when excessive amounts are taken). However, the notes did not show that there had been a review of pain medicines subsequently.</li> <li>We looked at a medicine review undertaken with the clinical commissioning group that showed the Medication Administration Record (MAR sheet - a report that serves as a legal record of the medicines administered to a patient at a facility by a health care professional) held at a nursing home did not match with the practice's repeat prescribing list.</li> </ul>	

### 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	No
There was evidence of learning and dissemination of information	No
Number of events recorded in last 12 months.	5
Number of events that required action	3

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

Event	Specific action taken
Prescription given to the wrong patient with a similar name (06.09.2017).	We saw that immediate action had been taken to rectify the situation and inform the local pharmacist who had also been involved in the event. Verbal conversations with the patient were recorded. Alerts were added to the system. Records showed that all staff were informed and asked to be more vigilant. However, there was no record as to how staff were informed and significant events were not discussed at the next staff meetings in May and June 2018. Analysis did not explore why the error had occurred or how changes to practices would be monitored and shared with new members of staff.
10 month old baby with difficulty in breathing	Immediate action was taken to stabilise the infant and emergency services were called. We reviewed the pulse

oximeter used and noted that it appeared large for infant use. The practice told us it had been held in place during the treatment and had appeared to function correctly. Staff told us this was discussed. However, this discussion was not recorded in the significant event. Nor was the practice able to demonstrate that this equipment was licenced for paediatric use. The practice sent evidence after the inspection this was licenced for paediatric use.

Records show that the infant had been having difficulty breathing all day. However, the records did not show that analysis included a conversation with the mother to understand if assessments had been appropriate when the appointment was booked. Both these oversights meant that not all aspects of the event had been sufficiently investigated to help drive improvement if a similar incident happened again.

**Any additional evidence**

- There was a significant event policy. However, we noted that not all issues were identified and dealt with as significant events. For example, a medicine review with the clinical commissioning group showed that the Medication Administration Record (MAR sheet - a report that serves as a legal record of the medicines administered to a patient at a facility by a health care professional) held at a nursing home did not always match with the practice's repeat prescribing list. This had not been recorded as a significant event or near miss and had not been investigated as such. We asked the practice about this and they were unable to explain why the difference had occurred.
- The practice did not have a process for recording or acting on near misses.
- The practice did not have a systematic approach for analysing and learning from trends or showing how any improvements made would be monitored.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

# 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)	1.90	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)	83.6%	82.1%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.0% (32)	11.5%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	76.3%	78.8%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (26)	9.2%	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)	79.7%	82.1%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.5% (40)	13.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	78.0%	74.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (15)	10.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	94.9%	89.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (8)	10.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	89.6%	83.2%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (4)	3.9%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	79.2%	84.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (2)	8.8%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	26	26	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	19	20	95.0%	Met 95% WHO based target Significant Variation (positive)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	19	20	95.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	18	20	90.0%	Met 90% Minimum (no variation)
Any additional evidence				
<ul style="list-style-type: none"> <li>The practice had a proactive approach to childhood immunisations. They kept a register of pregnant mothers and there was ongoing promotion of the immunisation programme. If an infant missed an appointment the practice wrote and telephoned the parents or carers to ensure that an appointment was made to suit them and discuss any concerns they may have.</li> <li>The practice had shared learning about immunisation programmes with other local practices.</li> </ul>				

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 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	74.6%	75.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.9%	75.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.6%	58.0%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a	83.3%	67.3%	71.2%	N/A

patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
<b>Any additional evidence</b>				
The practice had reviewed their cervical screening attendances and targeted non-attendees with letters and telephone calls.				

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	90.9%	88.3%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 10.7%	England Exception rate 12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	90.9%	89.8%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 8.7%	England Exception rate 10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	72.7%	83.1%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 12.0% (3)	CCG Exception rate 5.7%	England Exception rate 6.8%	

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
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Overall QOF score (out of maximum 559)	558	541	539
Overall QOF exception reporting	6.7%	5.6%	5.7%

### Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	Yes
<b>Any additional evidence</b>	
The practice had regular multidisciplinary case review meeting. However, when we reviewed the minutes from one of these meetings, records showed that attendees were not recorded.	

### 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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	95.6%	94.9%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (4)	0.7%	0.8%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG</b>	<b>England</b>	<b>England</b>

		average	average	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)	76.5%	55.2%	51.6%	Comparable to other practices

Any additional evidence
The practice had completed seven audits and medicine reviews in 2017 and 2018. Five were for medicines and two were for long term conditions.

## Caring

### Kindness, respect and compassion

CQC comments cards	
Total comments cards received	33
Number of CQC comments received which were positive about the service	33
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
Comment cards	All the patient Care Quality Commission comment cards we received were positive about the service experienced. Comments received included patients feeling listened to and treated with respect. Other comments included staff being genuinely interested and understanding about patient's needs. Caring, respectful and professional were common themes. Patients had named the GP who they particularly wanted to thank for the care they received from her.
Patient interviews	We spoke with six patients including four members of the patient participation group (PPG). They told us they appreciated the continuity of care from the GP and the nursing team and the family feel provided by all the staff.

### National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
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2,270	212	4%	100	47.17%
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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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	86.6%	79.0%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.4%	87.3%	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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.6%	95.1%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.6%	83.4%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	98.1%	92.2%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.9%	91.8%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
2017	The practice and patient participation group (PPG) worked together to undertake their own patient survey. This covered three areas in the practice: the doctor, the nurses and the clinical team. Results on the practice website showed patients were positive about the care they received in these three areas. For example,

	<p>The doctor</p> <ul style="list-style-type: none"> <li>• 100% of applicable patients feel at ease during physical examinations.</li> </ul> <p>The nurses</p> <ul style="list-style-type: none"> <li>• 100% of patients felt that the nurses listened well to their concerns.</li> </ul> <p>The receptionists</p> <ul style="list-style-type: none"> <li>• All patients were satisfied with the help given by the receptionists and over 80% were very satisfied.</li> </ul>
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## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Staff	Staff told us that they worked to involve patients in their care. For example, they provided extra support for a patient who was visually impaired, including booking appointments times to suit the patient's individual needs.
Comment cards	Comments received from patients included that they felt time was given to them from the GP when they needed it the most. They felt listened to and were involved in decisions about their care.
Patients we spoke with	Patients commented that they felt listened to and were never rushed.

## 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	80.8%	85.0%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.0%	80.9%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.4%	90.3%	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)	93.2%	87.0%	85.4%	Comparable to other practices
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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	173 patients were identified as carers; this represented approximately 8% of the practice list.
How the practice supports carers	<ul style="list-style-type: none"> <li>• There was a designated area in the patient waiting room to display information for carers.</li> <li>• The practice worked with and made referrals to the local care navigator to help ensure that all the needs of patients and their carers were being met. For example, that social care needs were given the same consideration as patients' physical needs.</li> </ul>
How the practice supports recently bereaved patients	<ul style="list-style-type: none"> <li>• Staff told us that if families had experienced bereavement, the GP contacted them and signposted them to a support service.</li> <li>• Recently bereaved patients were recorded in the reception day book to help ensure that all staff were made aware.</li> <li>• Bereaved patients were discussed at palliative care meetings.</li> </ul>

## 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	Conversations between receptionists and patients could be overheard in the reception area. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. Music was playing in the background to buffer sound.

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

Source	Feedback
CQC Comment Cards and patients spoken with on the day of inspection	Patients told us their privacy and dignity was respected.



# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Tuesday	18:30-19:40
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available	
	<p>Appointments with the GP and nursing team could be booked up to six months in advance.</p> <p>We saw on the day of the inspection that the next routine appointment available with the GP was 4 July 2018 and with the nursing team 15 June 2018.</p> <p>Urgent appointments were available on the day.</p>
Extended hours opening	
	<p>Alongside the extended opening hours every Tuesday, the practice had an agreement with a local GP federation to offer appointments seven days a week at the Deal hub.</p>

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	
The GP assessed the urgency of a home visit and decided whether this required a GP visit.	

## 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)	91.8%	79.9%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient	89.4%	68.7%	70.9%	Comparable

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)				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)	78.1%	75.6%	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)	91.9%	73.6%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Comment cards	We received 33 comment cards – feedback from these indicated that there were no problems with the appointment system and that urgent on the day appointments were available.
Patient Comments	On the day of inspection, patients told us the appointment system was easy to use.
Staff	Staff told us they had recently added another 10 minutes to the extended hours after a request from the patient participation group.

### 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.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	

The practice had recorded two verbal complaints in the last year. The practice told us all complaints were discussed with the GP, relevant staff and patients. However, the practice did not always keep records of the conversations with staff or how learning was shared and monitored. For example, complaints were not discussed at either of the practice meetings dated 17 August 2017 and 6 June 2018.

# Well-led

## Leadership capacity and capability

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

The practice told us they were working with other organisations to help ensure their patients could access services in a timely manner. For example, utilising the local home visiting service for routine home visits, which allowed the GPs more time to undertake complex care. However, whilst staff said they could raise issues directly with the management team, the practice did not have a regular or structured approach to team or practice meetings to help ensure issues and ideas were discussed across the practice. For example, regular practice meetings. Not all meetings had regular agenda items such as complaints and significant events. Nor were attendees always recorded. For example, palliative care meetings.

## Vision and strategy

### Practice Vision and values

The practice statement of purpose included providing patients with a caring service which considered patient care to be a top priority. All staff were aware of the vision and we saw that this translated in to action across the practice.

## Culture

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

Source	Feedback
Staff interviews	Staff we spoke with told us that the whole practice worked as a team and that the GP and management were very approachable. Staff told us they found it was a supportive environment.
Staff interviews and personnel records	Staff told us they were supported to develop and progress through the practice. For example, a member of staff from the administration team had been supported to train as a health care assistant.

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

Source	Example
Staff interviews and minutes from practice meeting notes	Staff had reported that they were concerned that non-urgent access into the practice at 8am meant that not all urgent issues were getting resolved quickly enough. In response the practice now provided telephone access from 8am but did not open the doors until 8.30am so that reception staff could concentrate on answering urgent telephone calls without the distraction of patients coming in.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Staff interviews	A change of address protocol and form were developed from concerns raised by staff.
Staff interviews and records	New protocols for home blood pressure monitoring systems were implemented in response to suggestions from staff.

Examples of concerns raised by staff and addressed by the practice

Source	Example
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Example
Staff interviews	<ul style="list-style-type: none"> <li>Staff told us they could raise any concerns about their wellbeing during appraisals and that both the GP and practice manager were approachable throughout the year.</li> <li>The practice had undertaken a range of away days aimed at supporting wellbeing for individuals and across the team.</li> </ul>

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

Source	Example
Staff personnel files	Records showed all staff had completed equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
Interview with leadership team	The practice had completed some quality improvement activities. However, the practice did not have a systematic approach to audit that demonstrated they were actively reviewing the needs of their patient population to develop a plan of relevant audit and quality improvement activity.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	The practice told us that they learnt from significant events. However, records did not record all conversations that took place regarding complaints. Nor did the processes for significant events or complaints contain details of how improvements would be monitored.
Practice specific policies	The practice had a range of policies to govern activity across the practice. However, not all policies were detailed enough nor implemented effectively. For example, significant events.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

## 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	NHS choices Website feedback Compliments Complaints Friends & Family Test PPG	Patients had access to details of the PPG, patient surveys and the NHS Friends and Family test. They could also speak with the practice manager or the GP to discuss any areas for improvement.
Staff	Annual appraisals. Open door policy from management team	Staff told us they were able to offer their opinions to drive forward change and maintain quality services.
External partners	Local GPs	The practice worked with local GPs in the area and the clinical commissioning group to deliver access to appointments seven days a week at the Deal GP Hub and to home visits through the paramedic home visiting service.

## Feedback from Patient Participation Group;

### Feedback

- We spoke with four members of the Patient Participation Group (PPG). The PPG met with the GP and practice manager on a regular basis.
- The PPG had supported the practice by conducting annual patient surveys.
- The PPG told us they felt they would be able to raise any concerns if needed and confident that they would be listened too.

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

Examples	Impact
Extra urgent appointments	The practice had increased the number of urgent appointments from 9 to twelve in response to a request made by the patient participation group (PPG) during a PPG and practice meeting on 27 September 2017.

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## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Step up Step down beds are local rehabilitation unit	The practice provided support for step up/ step down beds at a local rehabilitation unit. This meant that patients requiring short term nursing care could receive support. The practice allowed patients using these beds to temporarily register so that they could receive GP services. The GP visited this rehabilitation unit every week to help ensure these patients had all their needs met.

## Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Medicine management and rheumatology	The practice told us they had completed seven audits in 2017 and 2018. Five were for medicines and two were for long term conditions. We reviewed these and found that the medicines audits were searches on specific medicines rather than audits. None of the audits we reviewed were full two cycle audits.

### 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>