

Care Quality Commission

Inspection Evidence Table

The Homewell.Curlew Practice (1-538930255)

Inspection date: 7 June 2018

Date of data download: 01 June 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.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Partial
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any answers: All but one member of staff had completed safeguarding children and safeguarding adults training in the previous three years. The practice told us staff had completed training, but were not able to demonstrate which level of safeguarding training any staff member had received.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes

Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: April 2016	Yes
There was a record of equipment calibration Date of last calibration: 2 April 2018	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: 8 January 2018	Yes
<p>Actions were identified and completed.</p> <p>At the time of inspection, the practice was unable to provide any evidence on the actions of a fire risk assessment as the record was held by NHS Property Services who lease the building premises to the practice.</p> <p>Since inspection, the practice provided evidence of a recent fire risk assessment completed by NHS Property Services, undertaken on 8 January 2018. Actions identified included an expired fixed wire inspection, a full fire door inspection is required and fire doors are to be replaced or repaired as assessed, six monthly fire door checks to be in place, no records for emergency lighting tests. There was no update on these identified actions.</p>	
<p>Additional observations:</p> <p>During inspection it was identified that previous fire training was led by NHS Property Services. The practice reported that NHS Property Services had not informed them that they no longer offered this service.</p> <p>The last documented fire drill to take place at the practice was 28 December 2017. The last fire alarm test was documented as 15 May 2018.</p>	

Health and safety Premises/security risk assessment? Date of last assessment: No evidence	Unknown
Health and safety risk assessment and actions Date of last assessment: Ongoing	Partial
Additional comments: The practice was unable to provide any evidence of health and safety risk assessments or premise security risk assessments as these were reported to be undertaken by NHS Property Services, who leased the building premises to the practice. The practice did not maintain their own records of these risk assessments so could not be assured that risks to staff and the public were minimised. Since inspection the practice has provided evidence of their own risk assessments in relation to their recent renovation of the reception area and chairs that had been identified as unsafe.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 6 June 2018 The provider acted on any issues identified: Yes Detail: We saw evidence of the most recent infection control audit, completed on 6 June 2018. 10 treatment or consultation rooms were selected at random to be audited. The audit reported evidence of splits on the examination couches in two of the rooms in the audit. The practice reported advice on how to deal with these splits was obtained from Southern Health infection prevention and control advisors. The practice was advised to cover the splits with 'gaffer' tape to prevent contamination. This recommendation had been actioned by the time the inspection took place. Other details from the audit included paper roll holders were required for all the examination couches, a hand hygiene poster was needed in one of the treatment rooms, some of the sharps bins in the treatment rooms were not being temporarily closed when they were not in use and the arm rest on one of the desk chairs used by a clinician was in a state of deterioration.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Any additional evidence
The inspection team saw evidence of liquid nitrogen being held in an external secure and ventilated store room. The practice had a designated practice nurse for infection prevention and control responsibilities.

The practice provided evidence of a risk assessment for not keeping Dexamethasone in their emergency medicines store (Dexamethasone is a steroid medicine and is commonly used in the treatment for croup in children). The practice does store Prednisolone on site and they have access to a pharmacy on the same site if further medicine was required (Prednisolone is another type of steroid medicine).

Risks to patients

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

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017) _(NHSBSA)	1.09	No Data	0.98	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) _(NHSBSA)	8.52%	No Data	8.89%	Comparison not available

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer. 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.	N/A
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

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Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Partial
Number of events recorded in last 12 months.	12
Number of events that required action	4

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

Event	Specific action taken
An incident was reported when several GPs were found to have seen the same patient on different occasions but for the same symptoms.	The practice has now introduced appointments with a named GP or have attempted to book appointments for patients with the GP that saw them previously. The practice had also introduced an alert system for patients that had been seen more than once over a short period with the same symptoms. Clinicians were encouraged to explore any clinical suspicions if concerned about a patient's symptoms.
An incident was reported following the practice receiving multiple urine samples without any history or a GP request.	The practice no longer accepted urine samples unless a GP order accompanied the sample. The practice had adopted the latest guidelines on the treatment of urinary tract infections. A new protocol had been created by the clinical team for receptionists to follow when dealing with urine samples brought in by patients.
An incident was reported when a request for patient transport was not actioned.	The practice has implemented a new daily check of the Patient Transport Book during the lunchtime closure of the practice. A reference number of the patient transport booking is documented next to all requests and patients are to be contacted once transport is booked. Patients are also informed of the booking reference number for their own information.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place: The practice reported two systems for actioning alerts. The practice manager received all alerts and then delegates the alerts to the appropriate clinician for actioning. Alerts regarding equipment are stored as a hard copy in a folder in the practice manager's office, while medicine alerts are stored on Docman once actioned (Docman is an electronic document management, workflow and filing solution, specifically designed to encourage GP practices to become paper-free).</p>	

Any additional evidence

The practice kept a locum pack to use when locum GPs worked at the practice. The practice confirmed they have used locums, however the locum pack seen during inspection did not contain any safeguarding information or details on how to make a referral. Since inspection, the practice has provided a new locum pack that contained contact details of staff members within the practice that led on areas such as safeguarding and referrals. Details of local safeguarding boards or local authority services were not contained in the new locum pack.

The practice reported that all two-week wait referrals were logged, tracked and monitored by the medical secretaries as a fail-safe method of ensuring all referrals were received.

The practice reported that all changes made to patients' prescriptions, including those made by other services, were checked by the practice's clinical pharmacist and re-checked by a GP before being issued to patients.

Learning from significant events or incidents were reported by staff to be shared only if relevant to their job role. Learning from events was reportedly shared at the three-monthly staff meetings. The practice provided us with a guideline on how they cascaded information from meetings and significant events. The guideline stated that all minutes of meetings were to be typed up within one week of the meeting and checked by either the practice or business manager. All typed minutes were to be emailed to all staff and scanned into the practice's online Docman library for all staff to access. We saw evidence of staff being encouraged to attend significant event meetings via minutes of other staff meetings. Overtime or time off in lieu was offered to staff if the meetings were held on days that they were not scheduled to work.

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)	0.92	No Data	0.90	Comparison not available

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)	76.9%	82.3%	79.4%	Comparison not available

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.5%	16.5%	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)	83.4%	81.9%	78.2%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2%	8.8%	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)	75.5%	79.3%	80.1%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11%	14.5%	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)	75.2%	76.5%	76.4%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	1.9%	6.9%	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)	91.3%	92.9%	90.4%	Comparison not available

QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3%	11.2%	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)	84.2%	83.5%	83.4%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
1.1%	3.7%	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)	88.4%	88.3%	88.4%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
6.0%	9.7%	8.2%		

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)	93.4%	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)	95.3%	Above the WHO target of 95%
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	95.3%	Above 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)	95.3%	Above the WHO target of 95%

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)	68.1%	75.5%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.4%	73.6%	72.5%	Comparison not available
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.0%	62.5%	57.4%	Comparison not available
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)	87.5%	78.5%	70.3%	Comparison not available

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)	90.4	94.8	90.3	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	4.0%	9.3%	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)	88.1	93.3	90.7	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	2.9%	8.6%	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)	89.2	82.9	83.7	Comparison not available

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7%	5%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	98.9 (552.64)	98.7	95.6
Overall QOF exception reporting	7.4	10.0	10.0

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, and pharmacists.	Yes
<p>If no please explain below:</p> <p>Any further comments or notable training: Members of the practice nursing team had been supported by the practice to develop their clinical skills by undertaking training courses to become nurse practitioners and independent prescribers.</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)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.2	95.1	95.2	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	45.9%*	47.7%*	51.0%*	Comparison not available

*There are data quality issues with this value

Description of how the practice monitors that consent is sought appropriately

The practice confirmed that consent forms were used when patients were receiving minor surgery, such as joint injections or toe nail excisions. The documentation of verbal consent not consistently documented in patient records by some clinicians, although clinicians confirmed that consent for invasive procedures was asked for prior to starting any procedure.

Any additional evidence

Please note the Quality and Outcomes Framework (QOF) data regarding exceptions was provided directly by the practice and was unverified.

The practice's uptake for cervical screening was below the national target of 80%. During the inspection, staff informed us that they proactively contacted the patients that were eligible for cervical screenings. Those that did not attend their planned appointment were sent three reminder letters to contact the practice to arrange another appointment. Patients who did not attend had alerts added to their records so if they attended the practice for a different reason, staff members were prompted to remind and encourage the patients to be booked in for their screenings.

During the inspection, the practice discussed the results of eight clinical audits that they had undertaken this year. The topics of some of the audits discussed covered the prescribing frequency of Tramadol (a strong pain-killing medicine), the practice's leg ulcer clinic, the use of different antibiotics in treating urinary tract infections and the practice's cancer audit in line with national guidelines.

The practice reported a comprehensive system for contacting family following on failed attendances for children's appointments. The practice would also report any failed attendances to their allocated health visitor.

The practice showed us their new hub based within the practice. The hub was started in 2017 and

acted as a telephone triage system. A nurse practitioner was based within the hub every day to ensure any clinical questions that came in would be answered by a clinical professional. Calls received by the hub involved advice or guidance for symptoms or medicines, requests for sick notes. The practice had not yet analysed any performance data to review how much of an impact the hub had on clinician's workload.

Annual medication reviews of patients with long-term conditions were arranged by the patients' birthdays. The review clinics were booked on a traffic light-based system. Green and amber indications allowed patients to see a healthcare assistant, while red indicated an appointment with the advanced nurse practitioner was required.

At the time of inspection, the practice were participating in a local diabetes service incentive aiming to reduce the blood sugar results of diabetic patients and increase the prevalence by assessing the high risk patients and referring them to the national diabetes prevention programme.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	26
Number of CQC comments received which were positive about the service	23
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Through the inspection comment cards, patients reported they were treated with respect and kindness, while staff were described as pleasant, emphatic and approachable.</p> <p>Comments made by patients via the NHS Choices website stated that staff were kind and compassionate. If problems had been identified, staff, including the receptionists, were quick to act and to resolve.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
15,213	244	1.60	103	42.2

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	62%	79%	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) (GPPS)	92%	91%	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) (GPPS)	96%	96%	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) (GPPS)	88%	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) (GPPS)	91%	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) (GPPS)	91%	91%	91%	Comparison not available

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

Date of exercise	Summary of results
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April 2018 and May 2018.	The practice provided evidence of two feedback surveys regarding their eConsult service (eConsult is an online triage and consultation tool that patients can access from the practice's website). Results from the surveys showed that the practice's service had been mixed from April to May 2018. For example 50% of respondents, in the May 2018 survey, said they were contacted in the stated response time, compared to 44% of respondents in the April 2018 survey. However, only 57% of respondents were satisfied with the overall service in the May 2018 survey, compared to 61% of respondents in the April 2018 survey.
March 2018	The practice carried out a patient feedback survey on some of their patients who accessed their Health Clinics. 100 postal surveys were sent, with 30 returned; a further 150 online survey invites were sent, with 45 responses returned. In total 75 responses were received by the practice. Patients were asked in the survey if they were satisfied with the service they had received, 69 out of 75 respondents said yes they were satisfied while 67 out of 75 respondents said they would recommend the service to someone else.

Any additional evidence

From the patient feedback survey in March 2018, the practice discovered that the main issues were access to appointments and patient difficulty in getting through to the practice on the phone. To address these issues, the practice confirmed that they had recently recruited four new members of staff, including a new Reception Manager to address the lack of leadership in that area and focus on customer service skills.

The practice reported they were considering installing a new telephone line system and had received demonstrations from potential providers. The practice has an aim to have an upgraded telephone system in place within the 12 months.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comments cards.	Patients stated they felt involved with their care at the practice. The clinicians at the practice were good at listening to them and at understanding their concerns. Patients were made to feel as though nothing was too much trouble by some of the clinicians, with many comments confirming that patients were happy with their involvement in their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	86%	87%	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 GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	78%	84%	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) (GPPS)	88%	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) (GPPS)	80%	84%	85%	Comparison not available

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 383 patients who were also carers, which was approximately 2% of the practice's patient population. The patient registration pack includes details about registering as a carer. The practice confirmed that staff will help patients and relatives identify themselves as carers.
How the practice supports carers	The practice had a nominated member of staff who was recognised as a carer champion. The practice offered annual health checks to their registered carers and actively signposted patients to local support groups. The practice actively also signposted carers to a 'sitting service' that carers could access to arrange for alternative cover for a carer to attend their own appointments or access a support group. Receptionists at the practice were undertaking additional signposting training to support patients access appropriate services. Information for carers was also displayed in the waiting area for patients to access when visiting the practice.
How the practice supports recently bereaved patients	The practice confirmed that GPs would contact the families of recently bereaved patients to offer support.

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	<p>The practice reported that telephone calls coming into the practice were not answered at the reception desk. All the staff members who worked on the reception desk had completed their mandatory Information Governance training module within the previous 12 months.</p> <p>At the time of inspection, the practice's reception area was undergoing extensive refurbishment to improve the layout and efficiency of the area. The practice further planned to include a private section in the reception waiting area that patients could access that would include a self-service blood pressure machine and health promotion material.</p>

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00-13.00 14.00-18.30
Tuesday	08.00-13.00 14.00-18.30
Wednesday	08.00-13.00 14.00-18.30
Thursday	08.00-13.00 14.00-18.30
Friday	08.00-13.00 14.00-18.30

Extended hours opening	
Day	Time
Monday	07.30-08.00 18.30-19.00
Tuesday	07.30-08.00 18.30-19.00
Wednesday	07.30-08.00 18.30-19.00
Thursday	07.30-08.00 18.30-19.00
Friday	07.30-08.00 18.30-19.00

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	
Patients contacted the practice and requested a home visit. The GPs would then triage and decide who to 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)	64%	76%	76%	Comparison 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)	54%	76%	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)	67%	87%	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)	79%	86%	85%	Comparison not available

Examples of feedback received from patients:

Source	Feedback
For example, Comment cards, NHS Choices	<p>Through the inspection comment cards, access to appointments was reported to be varied. Some patients reported choosing to sit and wait to be seen by a clinician as they could not get an appointment when they needed one, while others reported having no issues at getting an appointment.</p> <p>Comments made by patients via the NHS Choices website regarding access to appointments varied from good access and being able to access appointments when required to poor access and having to wait for three weeks before an appointment was available. Patients had made comments regarding their use of the online service which they found to be helpful in getting answers for non-urgent questions or concerns.</p>

Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	13
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice provided evidence to show that the practice's formal complaints procedure and the patient leaflet contained the same information. A review of the practice's complaints log showed that the process for dealing with complaints was firmly embedded in the practice's system. Complaints that required a clinical or practice discussion were reported to be discussed at practice meetings.	

Any additional evidence
The practice had access to the local GP Extended Access based within the Havant Health Centre from 6.30pm to 8pm Monday to Friday as well as 8am to 4.30pm on Saturdays.
The practice reported that they have recently moved to having personal lists of patients for the GPs to strengthen continuity for patient care.
The practice provided evidence of a comprehensive annual review pack of those patients with learning disabilities. The annual reviews were undertaken by the advanced nurse practitioner who led on long-term conditions.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The practice demonstrated clear leadership by having partners that were reported to be approachable by all staff members. The partners at the practice included GPs, one of the nurse practitioners and the business manager. The practice demonstrated their commitment to capability by supporting staff to develop their professional skills, with practice nurses training to become nurse practitioners. The practice provided evidence of a clear strategy that they intended to implement or were already

implementing including improving the reception area layout, further recruitment of staff as well as the upskilling of current staff members, sustaining the current service delivery, enhanced communication methods with patients, better access to clinical care.

Vision and strategy

Practice Vision and values

The practice provided evidence of their vision and values via their Statement of Purpose. The practice aimed to prevent ill health and improve the wellbeing of their patients. The practice wished to work with the local commissioning group and other integrated care teams to provide services and improve health outcomes for its patient population.

Culture

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

Source	Feedback
Staff interviews	Staff reported the practice to be a lovely place to work, they felt supported and were given protected time to complete required training or additional learning opportunities. Other staff members reported they felt under a lot of pressure, but enjoyed the challenge that the workload gave them. Staff reported managers and clinicians were approachable, friendly and happy to help with any issues that arise. Staff confirmed they felt listened to by managers and other colleagues.
Letter from a local care home	A letter received by the practice specifically for their CQC inspection described the practice as at the heart of the local community. The professionalism of the practice was praised alongside their strong values regarding patients, families and the local community.

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

Source	Example
Staff interviews	A nurse practitioner now works in the practice's hub to help the non-clinical team members who staff the hub with any clinical questions they receive, such as explaining blood or urine test results.

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

Source	Example
Significant event of regarding immunisations.	An apology was immediately given to the patients affected at the time of the incident. The appropriate tests were arranged following the incident and the results were relayed to the patients accordingly.
Complaints	The practice provided evidence of letters containing an apology from the practice that were sent to patients in response to complaints received.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff members	The practice had recruited a new reception manager to support the reception team, promote customer care and oversee the running of the entire reception area.
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
Practice management	The practice reported they had implemented a lunch time closure at the practice to give staff the opportunity to complete non-clinical tasks, such as training, professional development, audits or stock rotation. The practice maintained the telephone access during the lunch closure but no patients were within the practice.
Staff member	A reception manager had been recruited to specifically support the reception team.

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

Source	Example
Practice policy	We saw evidence that the practice's recruitment policy was up to date and in line with the Equality Act 2010.
Training matrix	We saw evidence that all but three staff members had undertaken Equality and Diversity training within the last two years. The three outstanding staff members were on maternity leave at the time of inspection so the practice were unable to confirm those records.

Examples of actions to improve quality in past 2 years

Area	Impact
Audits	The practice provided evidence of an extensive catalogue of clinical audits that demonstrated clear improvements to the clinical care provided by the practice.
Two-week wait referrals.	The practice had made arrangements for all two-week wait referrals to be monitored by a non-clinical staff member. All referrals made by GPs were logged, tracked and monitored until appointments to the patients had been made to ensure all referrals had been received and acted upon.

Examples of service developments implemented in past 2 years

Development area	Impact
Leg ulcers.	The practice had introduced a leg ulcer clinic, run by a practice nurse and the health care assistant.
Access to clinical advice.	The practice had introduced a hub access system which patients could contact via the practice's usual telephone number. During the practice's opening hours, patients could request advice or guidance from non-clinical staff who were supported by a nurse practitioner. Calls would be triaged and appointments with a clinician would be arranged if they were required.

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	Learning was shared at Significant Events meetings and minutes from the meetings were cascaded to all staff within a week of occurring, as per the practice's own guideline.
Practice specific policies	The practice's catalogue of policies was in date and contained accurate information. Staff confirmed they could access all policies via the practice's shared drive.
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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Reception area	The practice was in the process of refurbishing the entire reception area to be more patient friendly, including new chairs for patients to use and the installation of a health check area that patients could use as required.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Website, patient feedback surveys, complaints and compliments.	Patients felt supported by the practice and happy with their care.
Public	Patient Participation Group (PPG)	The practice had an active PPG that met regularly with the registered manager and practice manager. There was a virtual PPG in place for the practice to contact for comments on practice developments.
Staff	Practice meetings, appraisals, ad-hoc discussions	Staff attended meetings relevant to their role. Staff reported they felt able to offer their opinion and gave feedback as required. Staff felt listened to.
External partners	Engagement meetings	Opportunities for the practice to receive feedback from stakeholders and share updates for the practice.

Feedback from Patient Participation Group;

Feedback

The Patient Participation Group (PPG) confirmed that the practice regularly engaged with them, via structured bi-monthly meetings as well as one-to-one meetings with the practice manager as required. The PPG felt valued by the practice and could contribute to action plans that had been identified via patient surveys. The PPG felt the practice were open and honest with them, with complaints and incidents reported by the practice discussed with the PPG at their joint meetings.

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

Examples	Impact
Refurbishment of the practice's reception area.	At the time of inspection, the refurbishment of the reception area was on-going, but the practice intended for the new reception area to be more private and more user friendly. A private health area would be included in the reception area and would feature a blood pressure machine for patients to come in and use as required.
Becoming a Dementia Friendly practice.	At time of inspection, the practice was in the process of gaining their Dementia Friendly Accreditation status. The PPG had contributed to this process by undertaking research and preparatory work on behalf of the practice.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Leg ulcer clinic	An 'in-house' leg ulcer clinic was set up in the practice in February 2017. It was run by the practice nurse and a team of healthcare assistants. The clinic was held one a day for those patients who required weekly compression bandage and dressing changes. Appointments were offered at the same time each week and provided consistent care to the patients who needed to have their leg ulcers closely monitored.
Nurse development	The practice had supported members of its practice nursing team to progress in their clinical development and become nurse practitioners. This has improved the access to clinical care for patients, as the nurse practitioners have been trained to triage symptoms and prescribe medicines.
Electronic prescribing	The practice provided evidence of being the highest electronic prescriber in the local clinical commissioning group (CCG) area.

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

Audit area	Impact
Treatment of urinary tract infections	The practice showed evidence of improved prescribing practice using Nitrofurantoin from 29% to 45% of cases in the treatment of uncomplicated urinary tract infections for adults during the period of November 2017 and April 2018.

Prescribing rates of Tramadol	The practice showed evidence that patients being prescribed Tramadol on a repeat prescription, by the clinical team as a whole, had reduced from 250 to 229 patients. For one clinician, the prescribing of Tramadol had gone up, which was reflective of the increase in their patient list size.
Leg ulcers	The practice provided evidence from their recently introduced leg ulcer clinic. During the period of February 2017 to April 2018 47 patients used the clinic. 38 of those patients had been discharged, 22 of which had been issued with a hosiery liner.

Any additional evidence

At the time of inspection, the practice was in the process of changing the Registered Manager. (A Registered Manager is an appropriate person that manages the regulated activities of a practice to ensure patients have their health needs met. It is a requirement of the Health and Social Care Act 2008 for a practice to have a Registered Manager). The previous Registered Manager retired in 2017. The clinician who intended to become the Registered Manager was in the process of completing the required application form at the time of inspection and submitted their application to CQC in the week following our visit.

The practice provided evidence of clear roles and responsibilities with regards to the governance arrangements at the practice with many individuals having identified roles to cover areas such as information technology, research, safeguarding, training, medicines management, and Quality and Outcome Framework (QOF) data. However, the practice did not demonstrate clear oversight of safeguarding training or health and safety in the practice. For example, there was no system to fully document the levels of safeguarding training completed by all staff members and the practice did not maintain their own records of risk assessments undertaken at the premises to ensure the suitability and safety of the building.

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>