

Care Quality Commission

Inspection Evidence Table

Albion Place Medical Practice (1-3729081375)

Inspection date: 24 April 2018

Date of data download: 05 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Source	
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)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers: N/A	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>The practice were unable to demonstrate that existing staff files had further been improved since our focused inspection visit on 29 November 2017, where we noted that 15 out of 30 files had been completed. For those files that were not complete, we were told that these staff did not have proof of identity or staff had failed to provide them. We saw that documentary evidence had now been placed in these files to show this. However, we reviewed five personnel files and found that whilst training records had been updated, no further action had been taken to address the updating of staff files with proof of identity where it was lacking.</p>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 13/12/17
There was a record of equipment calibration Date of last calibration:	Yes 13/12/17
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	Yes August 2017
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes August 2017
Health and safety risk assessment and actions Date of last assessment:	Yes August 2017
Additional comments: Comprehensive risk assessments in relation to health and safety issues had been implemented. However, we found that some minor changes were required. For example, the practices health and safety poster made reference to the previous practice manager, as the lead for such matters.	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified</p> <p>Detail: The practice were unable to demonstrate that they always followed national guidance on infection prevention and control. We found that infection control and prevention audits had been conducted in February 2017. However, areas noted for action to comply with infection control guidelines had not been actioned. For example, we saw a tear in an examination couch had been repeatedly recorded in infection control logs but there was no action plan to show how this would be repaired or replaced. The infection control log had comments from March through to the date of the inspection highlighting that the examination couch was torn in the right hand corner. We found that some sharps boxes had either been opened since 2017 or had not been dated when they were opened and made available for use. This meant that those dated 2017 were out of date for use and from the undated boxes, it could not be ascertained whether they had been opened within the three month timescale for use. Additionally, there was no system for stock checking of single use items. We found out of date needles and a pair of single use forceps.</p>	<p>Yes 12/04/18 No</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers: NA</p>	

Any additional evidence
<p>NA</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	No
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	No
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>We identified that not all staff had been trained in how to identify and manage patients with severe infections including sepsis. One clinician had attended training in relation to sepsis. Additionally, there were no posters or guidance available for staff to refer to. We raised this with the interim practice manager at the time of the inspection and received documentary evidence following our visit to show that staff training had been arranged and that posters had been placed in all appropriate areas of the practice.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	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
<p>Explanation of any answers:</p> <p>NA</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.06	1.05	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.5%	9.4%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	No
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.	No
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	NA
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:

The practice could not always demonstrate how patients on high risk medicines were reviewed appropriately. We found some patients had not received a review or blood testing appropriate to the medicines they were taking. For example, we found that five patients on disease-modifying anti rheumatic drugs (DMARDs) for use in rheumatoid arthritis had not been appropriately reviewed or had received a blood test before being issued a repeat prescription. There was no structured system or process for the recall of these patients.

Additionally, we found that patient group directions (PGDs) were available to staff who administered vaccines and immunisations. However, seventeen had not been updated and signed by the lead GP.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	14
Number of events that required action	14

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

Event	Specific action taken
There had been administrative incidents relating to patients with the same name receiving documents or each other's appointments.	In response the practice had reviewed and revised its policies and protocols, in order to reduce the risk of further incidents of this nature. Minutes of meetings and policies viewed confirmed this.
There had been clinical incidents relating to medicines. Namely the wrong dose being issued on prescriptions.	In response the practice had reviewed and revised its medicines policies and protocols, in order to reduce the risk of further incidents of this nature. Minutes of meetings and policies viewed, as well as staff spoken with, confirmed this.

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:</p> <p>There was an effective system for monitoring and managing safety alerts, with a GP who took the lead. The GP viewed all alerts and it was clearly recorded whether action was required or not. If action was required, this was assigned to an appropriate member of staff and it was recorded when the action had been completed. Alerts were regularly audited to ensure that action had been taken where required. All alerts received were stored in a file which was accessible to staff should they need to refer to them.</p>	

Any additional evidence
NA

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)	1.39	0.96	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	66.7%	79.1%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.8% (58)	12.5%	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)	75.0%	77.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (60)	10.4%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	66.9%	79.8%	80.1%	Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	12.5%	(82)	15.0%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	76.2%	76.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.9% (87)	12.1%	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 (01/04/2016 to 31/03/2017) (QOF)	91.1%	91.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.6% (22)	15.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	76.9%	83.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (61)	3.8%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	83.3%	89.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (2)	6.6%	8.2%	

Any additional evidence or comments

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	139	150	92.7%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	118	134	88.1%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	118	134	88.1%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	117	134	87.3%	Below 90% Minimum (variation negative)
Any additional evidence or comments				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	75.3%	77.2%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.3%	73.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	59.2%	59.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	50.0%	77.3%	71.2%	N/A
Number of new cancer cases treated (Detection	59.7%	56.8%	51.6%	Comparable to

rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				other practices
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.5%	92.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.6% (7)	13.1%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.8%	91.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.7% (10)	10.9%	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)	87.0%	82.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (3)	5.9%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	532	543	539
Overall QOF exception reporting	4.9%	5.5%	5.7%

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.	No
The learning and development needs of staff were assessed	No
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	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.	No
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice. For example, nurses and paramedics.	Yes
<p>If no please explain below:</p> <p>The practice could not always demonstrate that all staff had the skills and knowledge to deliver effective care and treatment. The learning needs of all staff had not been identified through a system of appraisals, meetings and reviews of practice development needs. Records showed that 6 out of 26 staff had not received a regular appraisal and the nursing staff appraisals had not been further enhanced to include more detail regarding clinical practice.</p> <p>We identified that staff had not been trained in how to identify and manage patients with severe infections including sepsis and two staff had not received updated basic life support training.</p> <p>We received documentary evidence following our visit to show that future dates for staff training and appraisals had been arranged.</p>	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	99.0%	93.8%	95.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (19)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. The practice had consent forms to implant and remove contraceptive devices.

Any additional evidence
<p>The practice identified patients who may have been in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.</p> <p>Staff encouraged and supported patients to be involved in monitoring and managing their health.</p> <p>Staff discussed changes to care or treatment with patients and their carers as necessary.</p> <p>The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	<p>Patients said they felt the practice staff cared about their health and gave them support to improve their wellbeing. They described examples where they were listened to and treated with respect, dignity and kindness. Patients also commented on the professionalism and friendliness of staff.</p> <p>Patients said that getting through to the practice by telephone could sometimes be difficult. They said that it was difficult to see a GP but appreciated being able to see other practitioners.</p>
NHS Choices	<p>We saw examples of the practice providing good care and treatment to patients, as well as the support and advice given by staff (in particular healthcare professionals).</p> <p>We saw examples of the difficulty experienced by patients accessing the practice by telephone and getting an appointment with a GP.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,994	273	121	44.32%	Less than 1%

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)	41.8%	82.1%	78.9%	Significant Variation (negative)
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)	86.0%	89.9%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	92.0%	96.8%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	81.0%	86.7%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	90.1%	92.5%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	88.8%	92.0%	90.7%	Comparable to other practices

Any additional evidence or comments

The practice were continuing to review and monitor below average national GP survey responses, in order to ensure improvements were being made. For example, through feedback from patients through the patient participation group (PPG) and through in-house surveys and complaints received.

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

Date of exercise	Summary of results
March 2018	The patient participation group (PPG) met regularly, supported in-house patient surveys and submitted proposals for improvements to the practice management team. For example, a recent survey had been completed by the PPG in relation to telephone and appointment access. We saw that the data had been collected and was being analysed before being published.
Ongoing	We saw that minutes of meetings were available for staff to read at any time and contained sufficient detail and evidence to demonstrate that national GP patient survey data were being discussed at these meetings.

Any additional evidence
NA

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with six patients on the day of inspection. All of whom were positive about the involvement they had in their care and treatment. They also told us they were satisfied with the care provided by the practice and had always been listened to and treated with dignity and respect.
Comment cards	Patients described how they felt they had been listened to and how the GPs and practitioners explained results and treatments to them clearly, enabling them to be involved in decisions about 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)	83.9%	88.3%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	70.1%	83.7%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	84.8%	90.7%	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)	79.5%	86.6%	85.4%	Comparable to other practices
Any additional evidence or comments				
NA				

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	<p>38 patients were identified as carers; this represents approximately 0.5% of the practice list.</p> <p>The practice had recognised that further improvement was required in order to identify carers. For example, there were plans to introduce a carer's notice board in the waiting room and for the codes used on patient's electronic records to be reviewed and revised.</p>
How the practice supports carers	Carers were offered flexible appointment times and invited for annual influenza vaccinations. Carers were referred to a local charity that supports carers.
How the practice supports recently bereaved patients	The practice contacted families who had been recently bereaved and offered them an appointment, if required, at a time to suit them. The GP would visit the next of kin or family if appropriate. The practice also provided help with forms or other arrangements and signpost relatives to other support services where appropriate.

Any additional evidence
NA

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was an area of the practice where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality.

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

Examples of specific feedback received:

Source	Feedback
Interviews with Patients	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

Appointments available	
	08:00 – 18:00
Extended hours opening	
Monday, Tuesday and Wednesday	07:00 – 08:00

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
The practice operated a 'same day clinic' team, which comprised of advanced nurse practitioners, paramedic practitioners and a duty GP. All home visits were triaged by the duty GP and, if clinically appropriate, a visit was completed by a GP or a paramedic practitioner.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,994	273	121	44.32%	Less than 1%

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)	52.6%	77.5%	80.0%	Significant Variation (negative)
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)	28.6%	73.9%	70.9%	Variation (negative)
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)	60.1%	80.1%	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)	39.1%	77.3%	72.7%	Variation (negative)
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>26 patients stated that they could access the service easily.</p> <p>Some patients said that getting through to the practice by telephone could sometimes be difficult. They also said that it was difficult to see a GP but appreciated being able to see other practitioners.</p> <p>We saw examples of mixed comments. Four patients stated that they had experienced difficulty accessing the practice by telephone and getting an appointment with a GP, whilst others stated that they had never had any problems with accessing the service.</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	34
Number of complaints we examined	10
Number of complaints we examined that were satisfactorily handled in a timely way	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed 10 complaints and found that they were satisfactorily responded to. The practice learned lessons from individual concerns and complaints and also from analysis of trends.</p>	

Example of how quality has improved in response to complaints
<p>The practice learned lessons from individual concerns and complaints and also from analysis of trends. Where appropriate, any complaints raised that were considered to be significant events, this were investigated as such. For example, repeating medicine ordering systems had been changed in response to complaints raised.</p>

Any additional evidence
<p>We saw that retrospective responses to complaints had been actioned, following the previous practice manager leaving the practice. The interim practice manager had recognised the need to respond to historic complaints and had responded to all complainants as a matter of urgency. Our review of the 34 complaints received in the last year showed the complaints process was being followed effectively.</p>

Well-led

Leadership capacity and capability

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

A new permanent practice manager had been recruited and the provider was in the process of changing their registration, in order to further promote leadership.

Any additional evidence

The practice were transitioning following considerable challenges experienced as a result in the change in partnership. As a consequence, the practice had implemented a realistic strategy and supporting business plan to achieve priorities, with the aim of continual improvement and safe patient care being the centre of focus.

Vision and strategy

Practice Vision and values

There was a clear vision to provide patients with good clinical care. The practices aimed to be transparent and open in all matters and to recognise we things went wrong, they apologise and learnt from them. The vision aimed to treat all patients with respect without discrimination or prejudice and to continue to improve patient experience.

Culture

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

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

Source	Feedback
Staff	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. They told us that there was a real team spirit for improving the practice and that moving forward, as well as the patient experience, was at the forefront of their plan.
Staff	We were told by two staff members that they were unsure what the aims and vision of the practice were, though they understood there was a significant focus on improving.
Staff	Staff reported that the morale within the team was high and that all staff were approachable. Staff commented that the culture remained positive.

Any additional evidence

Governance arrangements

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

Practice specific policies	Practice leaders were continuing to establish proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
Other examples	The practice manager had a schedule for managing and monitoring progress being made with governance arrangements. This was being routinely monitored and discussed with staff. Minutes of meetings seen confirmed this.

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

Structures, processes and systems to support good governance and management had been improved but required further improvement in order to ensure they were clearly set out, understood and effective. For example; recruitment checks, actions to respond to identified infection control risks, clinical staff appraisals and staff training.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities

Any additional evidence

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Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
There was ongoing assessment of services and discussion of any suggested improvements. For example, PPG survey regarding access to appointments and introduction of text reminder services. The practice worked to address any concerns they had to ensure the success of the project.
The practice utilised there website to Improve the flow of information to and from the practice.
Staff told us that there was an open door policy in order to access the management of the practice. This promoted open and transparent communication. Staff told us they felt able to raise concerns and were involved in service development. Staff meeting minutes viewed confirmed this.
The practice met regularly with the CCG in order to ensure that quality improvements were implemented effectively and sustainable.
Members of the patient participation group (PPG) who we spoke with said they felt they were kept informed by the practice. The PPG reported that it was run in an open manner, where everybody was able to raise their thoughts. Ideas raised by the PPG were discussed and implemented where appropriate. The PPG felt involved in the practice and its ongoing improvements.

Any additional evidence
NA

Continuous improvement and innovation

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

Audit area	Improvement
Medicines/Blood testing	The practice had shared learning from an audit to produce improvements related to the monitoring of patients taking blood-thinning medicines. The audit resulted in patients, assessed as appropriate, to have their medicines changed and reduce the need for blood tests to be taken.

Any additional evidence

The practice had supported the CCG training programme to train a healthcare assistant to become a clinical assistant (a non-clinical staff reviewing letters and correspondences sent to the practice). We saw that there was a set list of correspondence items that could be reviewed by the clinical assistant and a system for GPs to audit records, in order to ensure the system was working effectively.

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

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

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

The following language is used for banding variation:

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

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

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

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

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

Glossary of terms used in the data.

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