

# Care Quality Commission

## Inspection Evidence Table

### Cecil Avenue Surgery (1-952202123)

Inspection date: 17 July 2018

Date of data download: 13 July 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	N
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers: <ul style="list-style-type: none"><li>Although staff were aware of the procedure, the safeguarding policy did not have a date of commencement or when it should be reviewed by.</li><li>The doctor and nurse had received up-to-date safeguarding and safety training appropriate to their role. However, the records submitted showed that the practice manager and two of the administration staff had not completed the level one safeguarding awareness course.</li></ul>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	N
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>• The practice did not have a system to check whether staff vaccination was maintained in line with current Public Health England guidance. The administration staff confirmed they were unsure whether they had the necessary vaccinations and we found no evidence on the day of the inspection that the practice nurse had the necessary vaccinations. This was not in line with the infection control policy dated 21 February 2018 which stated all clinical staff are to be protected against hepatitis B, a record of employees' hepatitis B status is to be maintained and all staff shall be offered annual influenza immunisation.</li> <li>• The recruitment policy was copied from another provider and had not been fully amended. For example, it stated that staff would be recruited from the Brighton and Hove area.</li> </ul>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 09/07/2018	Y
There was a record of equipment calibration Date of last calibration:09/07/2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	N
Fire procedure in place	Y
Fire extinguisher checks	N
Fire drills and logs	N
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	N
Fire risk assessment Date of completion October 2017	Y
<p>Actions were identified and completed. - The fire risk assessment did not have any actions that the practice needed to complete. However, the fire risk assessment dated October 2017 was produced by the practice manager after attending fire training for one day at the CCG. This did not identify or mitigate the risks observed below: -.</p> <ul style="list-style-type: none"> <li>• The gas boiler was in the receptionist/administration office, alongside the patient files.</li> <li>• The entrance to the reception area had the gas and electric mains cupboard that was unlocked.</li> <li>• The patient waiting room had a standard uplighter lamp without a cover.</li> <li>• The patient waiting room had a computer server in an unlocked box, which was located near the ceiling but was in reach if a patient stood on a chair. The door to the box was open during the inspection. The manager explained this was because it had overheated in the box.</li> <li>• Oxygen was located on the premises.</li> <li>• The central heating boiler was in the administration/reception office near to combustible materials.</li> </ul>	
<p>Additional observations:</p> <ul style="list-style-type: none"> <li>• The practice had purchased a fire extinguisher which was rated for fires of Class A, B, or C, which can be used in any type of a fire found in the home as well as in vehicles. This did not cover Class E – fires involving electrical equipment, such as computers and fuse boxes. In addition, the fire extinguisher was not secured to the wall.</li> <li>• The provider and practice manager said that a fire drill had occurred three months ago. However, the drill and any actions identified had not been documented.</li> </ul>	

<ul style="list-style-type: none"> <li>For emergency lighting the practice used three unmarked torches located in the receptionist/administration room, the nurses room, and GPs consultation rooms. The practice manager stated these were not checked regularly to ensure the batteries were working.</li> <li>The fire signage was printed out signs on A4 paper. The signage in the patient waiting room did not show people an alternative route of escape should there be a fire at the entrance.</li> </ul>	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: The practice did not have premises/security risk assessment in place.	No
Health and safety risk assessment and actions Date of last assessment: The practice did not have a health and safety risk assessment in place	No
Additional comments: <ul style="list-style-type: none"> <li>The practice manager could not provide evidence of a risk assessment for the storage of hazardous substances.</li> </ul> During the inspection we observed the following risks: - <ul style="list-style-type: none"> <li>The patient waiting room had a computer server in an unlocked box, which was located near the ceiling and could be reached by standing on a chair in the waiting room.</li> <li>Located in the entrance to the practice was the gas and electric main meters, stored in a floor cupboard. The cupboard did not have a lock and was out of sight of the receptionists.</li> <li>The gate to the passage by the side of the property was secured with one top bolt that could be reached by a person leaning over the fence. We saw the lower bolt was not locked. The entrance led to the back garden and back door that was unlocked due to the hot weather.</li> <li>The reception administration office did not have enough space for reception and administration staff to have a seated work area. The provider had purchased a folding stool should the staff want to sit down for a period during the day but this was not designed for staff using computer workspace.</li> <li>The staff used a small step ladder to reach files in the reception/administration office.</li> <li>The gas boiler was in the reception/administration office.</li> <li>The practice manager and the nurse shared the treatment room for office space.</li> </ul> <b>Legionella Risk Assessment</b> - The practice did not have a hot water tank, and the practice manager had risked assessed that the practice did not need a risk assessment by an independent contractor. However, the practice's policy stated the water temperatures would be monitored and recorded at least twice a year. The practice manager stated this was not carried out.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 21 March 2017</p> <p>The practice acted on any issues identified</p> <p>Detail: The risk assessment was dated 21 March 2017, and there was an action plan that the staff had updated.</p>	<p>Y</p> <p>Y</p>
The arrangements for managing waste and clinical specimens kept people safe?	N
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>• During the inspection we observed sharps bins in the GPs consultation room that staff had commenced using on 2 February 2017, we saw one sharps bin which was dated as being opened on 4 July 2017, and one sharps bin which was undated.</li> <li>• The clinical waste bins contained yellow clinical waste bags but were not labelled to inform patients and staff which to use.</li> <li>• The patient toilet did not contain a sanitary or clinical waste bin.</li> </ul>	

Any additional evidence

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	N
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers: <ul style="list-style-type: none"> <li>The practice had one permanent GP. The nurse worked two/three hours a week and an extra two hours for one evening on alternate weeks. The nurse's role was to carry out vaccinations and cervical smears. When they were on leave the practice commissioned locum doctors and or nurses. The administration/reception staff said they worked flexibly when others were on leave.</li> <li>The practice did not have an induction pack for locum doctors to enable them to follow practice protocols and to inform them of the necessary clinical contact. However, the practice manager explained the practice mostly used the same locum GPs.</li> <li>Although, staff had completed their Basic Life Support training and were aware of what actions to take, the practice did not have a protocol in place for them to follow should a medical emergency occur on the premises.</li> </ul>	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers: <ul style="list-style-type: none"> <li>The practice document for the management of test results stated that the GP would review all blood results and manage them accordingly. This did not provide enough information for staff to follow when the GP was on leave.</li> </ul>	

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.97	0.91	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)	7.0%	11.7%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	N
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	N
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	N
Medicines that required refrigeration were appropriately stored, monitored and	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> <li>• Four patient group directions were out of date:- <ul style="list-style-type: none"> <li>○ Measles, mumps, and rubella expired on 28 February 2018</li> <li>○ Low dose diphtheria, tetanus expired on 30 October 2017</li> <li>○ Diphtheria, tetanus, pertussis expired on 20 October 2017</li> <li>○ Haemophilus and meningococcal C expired on 31 January 2018.</li> </ul> </li> </ul> <p>(Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)</p> <ul style="list-style-type: none"> <li>• The emergency drugs cupboard did not contain atropine and hydrocortisone for injection, an antiemetic, diclofenac, rectal or IV diazepam. The practice did not have a risk assessment in place to identify and mitigate any risks associated with the lack of these medicines.</li> <li>• The practice had oxygen and a defibrillator which the practice manager said was checked by the GP. However, we found two face masks had passed the date for safe use and there was no documentary evidence of regular checks of the emergency equipment.</li> <li>• The reception staff told us they thought repeat prescriptions waiting to be collected were checked each month, however we found eight prescriptions dating back to March 2018.</li> </ul>	

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

Significant events	Y/N
There was a system for recording and acting on significant events	N
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	0
Number of events that required action	N/A

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

Event	Specific action taken
June 2017 – a patient had received the wrong dose of medicine.	We saw an investigation was carried out, the patient notes reviewed, and checks made to ensure no harm was caused to the patient. The patient was informed of the event and an apology was given. The practice had reviewed the actions taken by staff and made recommendations to prevent the wrong dose of medicines being administered – namely that staff administering medicines should not give other patients the same medication as a replacement.

Safety Alerts	Y/N
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There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Y
Comments on systems in place: <ul style="list-style-type: none"> <li>The practice manager reviewed all safety alerts, identified whether any patients were affected and informed the clinical staff. However, the practice manager did not keep a log to demonstrate that all alerts had been reviewed and actioned appropriately.</li> </ul>	

#### Any additional evidence

- The provider told us no significant events had occurred since June 2017 and staff also confirmed this. We were provided with the information for one event on 8 June 2017 that had been fully investigated and lessons learnt from and the patient involved informed of the event and apologised to. Staff said they would always inform the doctor if an event occurred. However, the practice manager was unable to provide a significant events policy or protocol to demonstrate a formal system that enabled staff to follow a consistent approach.

# 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)	0.74	0.81	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)	70.4%	74.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (15)	13.9%	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)	77.8%	79.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (5)	10.0%	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)	71.4%	74.6%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	18.6%	(16)	13.9%	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)	75.0%	76.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.4%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	82.1%	88.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (1)	9.0%	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)	81.0%	81.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (5)	3.6%	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)	80.0%	86.1%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	0	(0)	8.0%	8.2%	
<b>Any additional evidence or comments</b> 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) exception rate was 17.4% (15 patients). In addition, 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) the exception reporting was 18.6%. The practice manager showed unpublished data to demonstrate that these figures had improved for 2017 to 2018 and showed the exception reporting as 6%.  (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. Or when the patient was treated in by a hospital service.)					

## 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)	31	33	93.9%	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)	13	18	72.2%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	13	18	72.2%	80% or below Significant variation (negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	13	18	72.2%	80% or below Significant variation (negative)
<b>Any additional evidence or comments</b> <ul style="list-style-type: none"> <li>Small practices will have a low denominator populations i.e. eligible children.</li> <li>The GP and the practice nurse carried out the childhood vaccinations, however the nurse only worked for two/three hours a week on Tuesday 9:30am to 12 midday and alternate weeks an extra two hours in the evening.</li> </ul>				

- The practice provided figures for 2017 to 2018 that had not yet been published or were in the public domain which show an improvement in the figures; out of 24 children identified for immunisations, 22 had received immunisations for MMR and meningitis C which is 92%.
- The staff explained that they would follow up any child that did not attend a vaccination appointment with a telephone call to the parents to rearrange the appointment. In addition, this was flagged in patient notes so that all opportunities could be made to arrange a further appointment.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	73.2%	73.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.2%	73.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	48.5%	50.1%	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)	66.7%	76.1%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	53.3%	55.6%	51.6%	Comparable to other practices
<b>Any additional evidence or comments</b> <ul style="list-style-type: none"> <li>• At the previous inspection on 19 June 2017 we found the practice's uptake for the cervical screening programme was below the target rate of 80%. At this inspection we found the figures were comparable to the CCG and the national average.</li> </ul>				

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)	100.0%	90.7%	90.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (1)	9.5%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	90.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (1)	7.9%	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)	100.0%	82.8%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.1%	6.8%	
Any additional evidence or comments				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	504	524	539
Overall QOF exception reporting	3.8%	5.4%	5.7%

## 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	95.0%	94.7%	95.3%	Comparable to other practices

smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (2)	0.6%	0.8%	

## Consent to care and treatment

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

The doctor monitored that consent was sought appropriately.

The nurse had carried out Mental Capacity Act training and Deprivation of Liberty training in 2017.

### Any additional evidence

The practice informed us: -

- The % of patients with diabetes who have had an annual medication review was 80%
- The % of patients with asthma who had an annual medication review was 80%
- The % of patients with dementia who had an annual medication review was 100%.

The practice list included

- One patient with a learning disability;
- Six patients with dementia;
- Eight patients with mental health issues;
- Two patients receiving palliative care.

All had received at least one review in the last twelve months.

The GP carried out all the patient annual reviews.

The GP encouraged patients to monitor their own blood pressure.

Clinical audits: -

- The nurse was not involved in any clinical audits at the practice.
- In 2017, the GP had carried out a type two diabetes clinical re-audit to re-emphasise the importance of strict glycaemic control in diabetes. This included the follow up action for each patient and the GPs reflections on the actions taken.
- In April and May 2017, the GP had carried out an audit to review the uptake of cervical smears at the practice. As a result, the practice uptake for cervical smears had increased to 83% in May 2018

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	27
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
CQC comments cards	<p>Twenty-five patients stated that the practice was excellent and that they were treated with dignity and respect. They stated they could not fault the care, were always listened to and the doctor explained things clearly and did their best to respond to patient needs. Many of the cards were completed by patients who had experience of the practice for many years.</p> <p>The negatives comments stated the patient felt they had been given the wrong information about their medical symptoms.</p>
NHS Choices	From July 2017 there had been six comments made. Three were negative regarding the practice's opening hours and telephone service. Three were positive about the standard of care.
Patients spoken to on the day of the inspection.	Two patients were spoken with on the day of the inspection. They said they had enough time during their consultation, and the service met their needs.
Provider patient survey	<p>The practice received 20 responses to a patient survey. The overall results demonstrated that: -</p> <ul style="list-style-type: none"> <li>90% of patients rated the doctor's service as either good or very good, the remaining 10% rated him satisfactory.</li> <li>80% of patients rated the nurse's service as either good or very good, the remaining 20% rated them as satisfactory or unsatisfactory. (Please note the nurse only works two/three hours a week and this result could demonstrate the lack of availability).</li> <li>100% rated the reception/administrative staff as either very good or good.</li> </ul>



## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,466	310	113	36.45%	4.5%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	65.7%	71.8%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	81.5%	84.9%	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)	90.5%	93.8%	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)	79.7%	81.3%	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)	81.2%	89.7%	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)	87.4%	89.4%	90.7%	Comparable to other practices
<b>Any additional evidence or comments</b> <ul style="list-style-type: none"> <li>The provider and the practice manager were unaware of the GP patient survey and had therefore not reviewed the results.</li> </ul>				

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

Date of exercise	Summary of results
2017/2018	The practice carried out a patient survey in 2017 to 2018. They received 20 responses to the survey. As a result of the survey, the practice had increased the possibility of more appointments by reserving some morning and evening appointments for working people. Also, the practice commenced telephone appointments. Provided further information about the nurse appointments.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients who confirmed that they felt involved in their care.
Patient comment cards	Nine patient comments card describe the doctor as listening and responding to their needs. One described the advice and explanation given by the doctor as a sensible next step.

### 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)	70.9%	81.1%	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)	69.7%	77.4%	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)	83.0%	88.9%	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)	80.3%	85.0%	85.4%	Comparable to other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	N
Information about support groups was available on the practice website.	N/A

Carers	Narrative
Percentage and number of carers identified	<ul style="list-style-type: none"> <li>17 Carers identified (0.7% of practice list)</li> <li>11 patients who have a carer (0.45% of practice list)</li> </ul>
How the practice supports carers	<p>The waiting room had information about carers groups and staff said they would make patients aware of any groups when they attended the practice.</p> <p>The GP explained the practice referred carers to a local support agency, carried out annual health checks and offered flu and shingles vaccinations.</p>
How the practice supports recently bereaved patients	They contact the bereaved and offer an appointment and send a card.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff spoke quietly and were aware of the difficulty in maintaining confidentiality. The practice had only one doctor working each session, this meant that there were rarely many patients in the waiting room.

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

Examples of specific feedback received:

Source	Feedback
Practice manager	Explained that he would use his and the practice's nurse room if a patient were distressed or wanted to discuss sensitive issues.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:30am to 12:30pm and 2:30pm to 6:30pm.
Tuesday	8:30am to 12:30pm and 2:30pm to 6:30pm.
Wednesday	8:30am to 12:30pm and 2:30pm to 6:30pm.
Thursday	8:30am to 12:30pm
Friday	8:30am to 12:30pm and 2:30pm to 6:30pm.
Appointment available	
Monday	9am to 10:40am and 4.30pm to 5.20pm
Tuesday	9am to 10:40am and 4.30pm to 5.20pm
Wednesday	8.30am to 11.30am and 4.30pm to 5.20pm
Thursday	8.30am to 11.30am
Friday	9am to 12am and 4.30pm to 5.20pm
Telephone appointments available	The GP also offers up to four telephone consultation from 12midday on Monday and Tuesday, and at 6pm on Monday, Tuesday, Wednesday & Friday.
The GP carries out the baby clinic on a Tuesday afternoon.	
Nurse appointments – Tuesdays	9:30am to 12:30pm. Plus evening appointments once a month on a Tuesday between 4:30pm and 6pm when possible.
Extended hours opening	
	The practice does not offer extended opening hours

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
If a patient requested a home visit the receptionists would inform the GP who would either make the home visit or call the patient to assess the need for a home visit.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,466	310	113	36.45%	4.5%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	64.6%	73.9%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	86.8%	65.3%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	88.2%	75.4%	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)	77.7%	69.2%	72.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
NHS Choices	From July 2017 there had been six comments made by patients. Three were negative regarding the practice opening hours and telephone service. Three were positive about the standard of care.
CQC comments cards	Twenty-seven comment cards were received from patients and only two mentioned any difficulty in accessing appointments.
Two patients spoken with on the day of the inspection	Both patients stated they could access appointments when needed. The maximum wait was eight days. The appointments ran on time and they felt they had enough time during the appointment.
Practice own	The practice received 20 responses to a patient survey. Following the results, the

survey	<p>practice had: -</p> <ul style="list-style-type: none"> <li>• Reserved the 8:30am appointments on a Wednesday and Thursday for people who worked.</li> <li>• Reserved appointment slots for telephone appointments following the surgery.</li> <li>• Made further information available to patients about the practice nurse clinics.</li> <li>• Made provision for patients to see more than one doctor if requested.</li> <li>• Commenced a female locum GP on a Friday morning for patients who preferred to be seen by a female.</li> </ul> <p>The survey also demonstrated only 80% of patients found the nurse's service satisfactory. This may have been in response to the nurse's availability. The practice manager explained the practice had been trying to recruit a nurse.</p>
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## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<ul style="list-style-type: none"> <li>• The practice followed the local CCG and NHS England complaints policy. However, it did not have a leaflet or information available to inform patients of how to make a complaint to the practice</li> </ul>	

Example of how quality has improved in response to complaints
A learning point from the complaint for the practice was to optimise how to seek ways to work more productively in collaboration with the hospitals, other teams and the patients, to improve patients' experience and satisfaction.

# Well-led

## Leadership capacity and capability

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

- The practice had 2,466 patients and held nine GP sessions a week. During the inspection the GP and the staff demonstrated they were aware of the needs of patients and focused on providing an individualised service.

### Any additional evidence

- We found the practice did not have oversight of the management systems and of risks to staff and patients.

## Vision and strategy

### Practice Vision and values

- The practice had a mission statement which stated that the practice strived to provide high quality health care that met the needs of the individual in a responsive, supportive and courteous manner. Furthermore, they aimed to provide services that helped prevent ill health, improve wellbeing and that were responsive to the needs of the local community.

## Culture

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

- We observed the reception and administration team were supportive of each other. Staff said they were supported by the provider.

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

Source	Feedback
Staff	Staff explained the provider had purchased steps for the practice because the staff could not reach the notes.
Staff	Staff explained the provider had purchased a fold away stool for staff to use to sit on occasionally in the reception/administration office



## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The examples seen did not provide evidence of structures, processes and systems in place to support the delivery of good quality and sustainable care.
Examples policies and procedures.	<ul style="list-style-type: none"> <li>• The practice manager could not find the protocol for incidents or significant events.</li> <li>• The safeguarding policy did not have a date of commencement or when it should be reviewed by.</li> <li>• The recruitment policy was copied from another provider and had not been fully amended. For example, it stated that staff would be recruited from the Brighton and Hove area.</li> <li>• The practice did not have a protocol in place for them to follow should a medical emergency occur on the premises.</li> <li>• The practice did not have an induction pack for locum doctors to enable them to follow practice protocols and to inform them of the necessary clinical contact.</li> <li>• The practice did not have a protocol for reception staff to follow to decide on priority when a patient contacted the service.</li> <li>• The practice manager reviewed all safety alerts, identified whether any patients were affected and informed the clinical staff. However, the practice manager did not keep a log to demonstrate that all alerts had been reviewed appropriately.</li> </ul>
Examples of systems	<p>The practice did not have systems always in place to make sure equipment, training, waste, medicines documentation and staff immunisations were up to date. For example: -</p> <ul style="list-style-type: none"> <li>• The training records submitted to CQC showed that the practice manager and two of the administration staff had not completed their safeguarding awareness course level one.</li> <li>• The practice did not have a system to check whether staff vaccination was maintained in line with current Public Health England guidance.</li> <li>• The practice did not have a system in place to ensure the checking of waste, such as sharp boxes and unlabelled clinical waste bins.</li> </ul>

	<ul style="list-style-type: none"> <li>The practice did not record whether the defibrillator and the oxygen was regularly checked and we found out of date face masks.</li> <li>Patient group directives that provided the information for the nurse to administer vaccines had not all been updated.</li> <li>The system to follow up regularly when repeat prescriptions were not collected by patients was not formal or robust.</li> <li>The legionella risk assessment stated the water temperatures would be monitored and recorded at least twice a year. The practice manager stated this was not carried out.</li> </ul>
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

<b>Any additional evidence</b>
<ul style="list-style-type: none"> <li>Due to the size and staffing of the practice the most frequent response to all governance arrangements was that they would inform the GP.</li> <li>The GP medical indemnity covered four sessions lasting four hours a session. The doctor explained they had agreed with the insurance company the four sessions could be split into smaller session.</li> <li>The provider and the nurse did not provide any evidence of medical indemnity insurance for the nurse at the time of the inspection or at the drafting of this report.</li> </ul>

## Managing risks, issues and performance

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

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

<b>Risk</b>	<b>Example of risk management activities</b>
The practice did not always address and identify risk in the practice.	<ul style="list-style-type: none"> <li>The practice did not have a health and safety or premises risk assessment in place to identify and mitigate any risks to patients or staff.</li> <li>Risks identified at the time of inspection included: staff unable to sit whilst carrying out their duties in reception; staff unable to reach some files without using steps; the practice manager and practice nurse sharing the office; access to the computer server and electrical and gas mains by patients.</li> </ul>

	<ul style="list-style-type: none"> <li>The practice manager could not provide evidence of a risk assessment for the storage of hazardous substances.</li> </ul>
	<ul style="list-style-type: none"> <li>The practice fire risk assessment had been carried out by the practice manager and did not identify all the risks to both patients and staff. The practice manager had received one day in training at the Local CCG and reviewed the information on the internet.</li> </ul>

### Appropriate and accurate information

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

Any additional evidence
<ul style="list-style-type: none"> <li>There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, the practice used a series of three note books to record every time a patient contacted the service and the reason why, and requested patient tasks for the doctor and any requested by the doctor. All contained patient identification and medical information. This would have made it difficult for the provider to meet a data protection access request.</li> </ul>

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

#### Feedback from Patient Participation Group;

Feedback
The PPG consists of three to four members who meet four times a year. A member of the PPG confirmed that the practice had attempted to increase the numbers of the PPG. The GP and receptionist attend the meetings. They discuss any issues, complaints and were asked their opinions of the service and where improvements could be made. The practice had listened to their feedback and had improved the system and provided education to the patients where it was felt they did not have an understanding of the system for repeat prescriptions.

Any additional evidence
<ul style="list-style-type: none"> <li>The most recent practice team meeting that was documented was held on the 10 July 2018. However, prior to this the last documented meeting was on 21 November 2017. The practice nurse did not attend these practice team meetings.</li> </ul>

## Continuous improvement and innovation

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

Audit area	Improvement
Cervical Smears	<ul style="list-style-type: none"><li>In April and May 2017, the GP had carried out an audit to review the uptake of cervical smears at the practice. As a result, the practice uptake for cervical smears had increased to 83% in May 2018.</li></ul>
A diabetes type two clinical re-audit to re-emphasise the importance of strict glycaemic control in diabetes	<ul style="list-style-type: none"><li>In 2017, the GP had carried out a diabetes type two clinical re-audit to re-emphasise the importance of strict glycaemic control in diabetes. This included the follow up action for each patient and the GPs reflections on the actions taken.</li></ul>

### Any additional evidence

The provider was aware of the limitations with the premises and was reviewing options for making improvements to the premises.

#### 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](#)).

