

Care Quality Commission

Inspection Evidence Table

East Shore Partnership (1-3936980070)

Inspection date: 12 June 2018

Date of data download: 04 June 2018

Safe

Safety systems and processes

Source	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. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Explanation of any 'No' answers: Staff who acted as chaperones had a Disclosure and Barring Service (DBS) check. New staff who had not yet received a (DBS) check, had an appropriate risk assessment in their personnel file.	

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 18/10/17
There was a record of equipment calibration Date of last calibration:	Y 14/11/17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: Baffins Surgery Date of completion: Milton Park Surgery	Y 05/10/17 20/04/17
Actions were identified and completed. For example, the fire risk assessment for Milton Park Surgery undertaken in April 2017 identified that monthly checks of fire extinguisher had not been completed. Records showed that checks had been completed each month since the date of the risk assessment.	Y
Health and safety Premises/security risk assessment? Date of last assessment:	Y 28/09/17
Health and safety risk assessment and actions Date of last assessment:	Y 28/09/17
<p>Additional comments:</p> <p>The practice had undertaken annual risk assessments for water systems at the location and branch surgery, this included legionella risk assessments. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. We saw the practice had undertaken checks of the water temperature, each month, in accordance to the policy and procedure.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail: An external infection prevention and control risk audit had been undertaken in May 2018. The audit measured adherence to the Health and Social Care Act (2008) regarding ensuring Healthcare Associated Infection (HCAI) risks were kept to a minimum. Results showed the practice achieved 74%, the audit detailed 25 action points for the practice to consider, to improve adherence. We saw the practice had implemented all actions. For example, the audit detailed that an examination couch in a treatment room had a small tear. We saw that the practice had replaced the couch.</p>	<p>Y</p> <p>31/05/18</p> <p>Y</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	partial
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 NICE guidance.	Y
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Y
<p>Explanation of any 'No' answers: Receptionists had not undertaken sepsis training and were not aware of 'red flag' sepsis symptoms. However, we spoke to four receptionists who were able to demonstrate what action they would take if a patient was presenting as severely unwell or in a medical emergency. All clinical staff had undertaken sepsis training.</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.	Y
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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

Safe and appropriate use of medicines

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

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
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). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer. If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Y
Up to date local prescribing guidelines were in use. 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 GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y Y Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	N

Explanation of any 'No' answers:

Medicines requiring refrigeration were appropriately stored and monitored at the main location. However, medicines requiring refrigeration at the branch surgery were not stored or monitored appropriately. We found that daily temperatures of the fridge had not been recorded on six separate occasions between 22 May 2018 and 12 June 2018 in line with national guidance. The practice told us this was due to practice nurses not always being present each day at the branch practice. Following our inspection, the practice subsequently implemented a system for a receptionist to check the temperatures of the fridge in the absence of a nurse and report any abnormalities immediately, in accordance to the policy and procedure.

At the branch practice there was not a system in place to check the expiry dates of vaccines that required refrigeration. We found one vaccine stored in the fridge that had expired in April 2018 and two vaccines that had expired in May 2018. We discussed this with the practice who subsequently implemented a checklist for staff to record stock levels of medicines stored in the fridge, each day, which included expiry dates of all medicines.

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	Y
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.	94
Number of events that required action	94

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

Event	Specific action taken
A patient had informed the practice that they could hear a GP talking in a consultation room from the waiting room. The patient confirmed that they could not hear what was being discussed but could hear the GP's voice.	The practice applied for a radio licence and ensured the radio was always turned on in the waiting room during opening hours.
The business manager had received a request for new pads for the defibrillator as the current pads had expired.	An equipment checklist was implemented and equipment had been scheduled to be checked each week.
A patient had been booked into an appointment as a different patient due to similar names.	A nurse had identified this at the beginning of the consultation. Administrators were reminded to confirm a patient's identity by asking for their name, address and date of birth.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Safety alerts were disseminated by the business manager to all staff with specific action required sent to relevant staff. If action was required, the practice documented this as a significant event to ensure information was shared with all staff to promote knowledge.	

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)	No data	No data	No data	Comparison not available

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

Any additional evidence

Due to the new registration of East Shore Partnership in June 2017, Quality and Outcomes Framework (QOF) data was not available at the time of inspection. The Clinical Commissioning Group (CCG) provided QOF data for the practice's achievement for 2017/18.

Results showed that the practice had achieved 100% of QOF points available for diabetes indicators, compared to the CCG target of 95%.

This data has not been verified.

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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

Any additional evidence

Due to the new registration of East Shore Partnership in June 2017, Quality and Outcomes Framework (QOF) data was not available at the time of inspection. The Clinical Commissioning Group (CCG) provided QOF data for the practice's achievement for 2017/18.

Results showed that the practice had achieved 100% of QOF points available for asthma indicators, compared to the CCG target of 80%.

The practice had achieved 100% of QOF points available for COPD indicators, compared to the CCG target of 97%.

The practice had achieved 75% of QOF points available for hypertension indicators, compared to the CCG target of 80%.

The practice had achieved 78% of QOF points available for hypertension indicators, compared to the CCG target of 70%.

This data has not been verified.

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)	No data	No data	No data	Comparison not available
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)	No data	No data	No data	Comparison not available
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)	No data	No data	No data	Comparison not available
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)	No data	No data	No data	Comparison not available

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)	100%	67.2%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	No data	69.6%	72.5%	Comparison not available
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	No data	55.6%	57.4%	Comparison not available
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	*	65.2%	70.3%	Comparison not available

* Value cannot be calculated as the number of cases is too small

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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
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)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

Any additional evidence

Due to the new registration of East Shore Partnership in June 2017, Quality and Outcomes Framework (QOF) data was not available at the time of inspection. The Clinical Commissioning Group (CCG) provided QOF data for the practice's achievement for 2017/18.

Results showed that the practice had achieved 76% of QOF points available for mental health indicators, compared to the CCG target of 90%.

The practice had achieved 76% of QOF points available for dementia indicators, compared to the CCG target of 80%.

The practice was aware that some results were lower than the CCG target and had implemented an action plan to improve outcomes for patients with mental health issues and promote patient attendance to relevant health check appointments. The practice had implemented a patient review template to ensure a generic approach was undertaken by all clinicians. The practice was developing mental health awareness literature for all staff at the practice.

This data has not been verified.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	2.5% (14)	87.1%	95.5%
Overall QOF exception reporting	No data	-	-

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>Any further comments or notable training:</p> <p>Staff told us that the practice promoted personal development training. For example, a HCA who wished to improve knowledge and qualifications had been supported to enrol for a level 5 'Assistant Practitioner' course.</p> <p>The practice was a training practice who supported pharmacy and nursing students as well as doctors who were training to be GPs.</p>	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	No data	No data	No data	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	53.5%*	43.2%*	51.0%*	

* There is a data quality issue with this value

Any additional evidence
<p>Due to the new registration of East Shore Partnership in June 2017, Quality and Outcomes Framework (QOF) data was not available at the time of inspection. The Clinical Commissioning Group (CCG) provided QOF data for the practice's achievement for 2017/18.</p> <p>Results showed that the practice had achieved 99% of QOF points available for smoking indicators, compared to the CCG target of 96%.</p> <p>This data had not been verified.</p>

Description of how the practice monitors that consent is sought appropriately
The practice had documented written consent in patients' records when administering joint injection and undertaking minor surgery procedures. The practice had documented verbal consent in patients' records when administering vaccines.

Any additional evidence
The practice had participated in the Clinical Commissioning Group (CCG) 'Quality Improvement

Programme' through 2017/18. During this time the practice had audited all Quality and Outcomes Framework (QOF) services offered to patients, to promote uptake and positive outcomes for patients. For example, following an audit of patient uptake of cervical smears, the practice implemented a text message system to remind patients about appointments and reinforced to staff the importance of promoting this service to relevant patients, to detect and prevent cervical cancer.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	31
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	9
Number of CQC comments received which were negative about the service	4

Examples of feedback received:

Source	Feedback
Comments cards	Comment cards stated that staff were kind, respected patient's dignity and treated them with respect. Negative comments were regarding access to the practice by phone and having to wait for routine appointments.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
8,346	298	3.6%	116	39.0%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	57%	74%	77%	-
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	87%	86%	89%	-
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	90%	92%	95%	-
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	80%	81%	86%	-
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	87%	90%	91%	-
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	84%	89%	91%	-

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

Date of exercise	Summary of results
June 2018	At the time of the inspection the practice was undertaking a patient questionnaire to measure patient satisfaction, following the merger in 2016. The practice was aware that some patient survey results were below national averages and had undertaken the survey to measure if patient satisfaction had improved. The practice was collating responses and had not analysed results at the time of inspection.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients told us that GPs and nurses were good at involving them in decisions about care and treatment, and explaining test results or different treatment options to them.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	81%	87%	86%	-
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	71%	80%	82%	-
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	85%	88%	90%	-
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	74%	82%	85%	-

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.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	A total of 215 patients were identified as carers; this represented approximately 1.5% of the practice list.
How the practice supports carers	<p>We saw information was available in the waiting room for carers. Staff signposted carers to local services and external support.</p> <p>A carer's pack was sent to patients who were newly identified as a carer. The practice's computer system alerted GPs if a patient was also a carer.</p> <p>The practice had developed a consent form for patients who had a carer to permit carers to collect prescriptions and book appointments on behalf of the patient. This made it easier for carers to undertake these tasks.</p>
How the practice supports recently bereaved patients	A GP made contact with bereaved patients by phone and offered them a GP appointment as well as signposting them to services and support available.

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	Reception staff told us they did not discuss confidential information on the telephone at the reception desk and invited patients into a private interview room if a discussion of a confidential nature was required, when supporting patients at the reception desk.

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

Source	Feedback
Staff	Staff demonstrated that they understood how to ensure patients privacy and dignity. For example, by not discussing patient identifiable information on the telephone.

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
Extended hours opening	
	Extended hours appointments were available at the location from 7am until 8am every Monday and Friday, between 6.30pm until 7pm every Monday and between 6.30pm until 8pm every Thursday.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Requests for home visits were triaged by the duty GP who contacted patients by phone. The duty GP arranged for the most appropriate GP, or the GP who had last seen the patient to undertake the home visit. All GPs on duty had allocated slots to undertake same day appointments or home visits if required.	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	66%	77%	76%	-
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)	41%	73%	71%	-
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)	73%	84%	84%	-
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)	50%	72%	73%	-

Examples of feedback received from patients:

Source	Feedback
Patient interviews	We spoke to seven patients, two of which stated that they found it difficult to book a routine appointment. Patients told us that appointments do not always run on time but this had recently improved and staff always apologised if they were running behind.
CQC Comment cards	10 out of 31 comment cards received expressed difficulty accessing the practice by phone and having to wait over 2 weeks for a routine appointment.

Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>We saw that the practice had responded to complaints appropriately. Responses had included an apology and action taken to address issues and reduce the risk of the incident from occurring again in the future. However, the response letters did not include advice to patients regarding how to contact the ombudsman, if the complainant was not happy with the practice's response. The practice stated that when they had received a written response, the complainant had initially been issued with the complaints policy and procedure which included contact details for the ombudsman. The practice subsequently updated the complaints policy and procedure to ensure that contact details for the ombudsman was included in the final response letter.</p>	

Any additional evidence
<p>The practice was aware that some results from the patient survey was below the national average and believed this was due to changes following the merger. The practice had implemented system to improve access and patient satisfaction. Changes included the development of different administration roles, further training to ensure staff dealt with tasks in a timely manner and the implementation of online consultation service. The practice had also employed a pharmacist and an outreach matron to support patients who were frail. The practice had undertaken their own patient survey, which they hoped would reflect an improvement in patient satisfaction, as changes and systems had been established. Results were not available at the time of inspection.</p> <p>The practice used a text messaging system to remind patients of appointments, to promote attendance to relevant health check appointments and improve positive outcomes for patients.</p> <p>The practice offered an online consultation service for patients who found it difficult to attend the practice and/or for working age patients.</p>

Well-led

Leadership capacity and capability

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

Since the merger in 2017 the practice had developed and implemented team leader roles for the receptionists, secretaries, clinical data team, nursing team and pharmacy team. Team leaders attended monthly managers meetings to promote communication.

Vision and strategy

Practice Vision and values

The practice's mission statement was to provide excellent medical care to patients, which was accessible and met patients physical, emotional and spiritual needs. To seek to be a positive influence in the life of the community they served.

Culture

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

Source	Feedback
Staff interviews	Staff told us the practice was a positive working environment, that managers were approachable and provision of patient care and support was a whole team approach.

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

Source	Example
Staff interviews	Staff told us that GPs had previously given patients who required a blood test an accompanying laboratory form to hand into receptionists. These forms were kept at the practice until patients returned for their blood test appointment. The forms were not always being re-issued to patients when they attended for a blood test. Staff informed managers this was a waste of forms and had caused confusion. The practice changed the procedure and subsequently only generated laboratory request forms when patients attended to have a blood test.

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

Source	Example
Practice complaints records	A patient had complained after they had arrived at the practice to collect a repeat prescription that had not been signed by a GP, which had caused a delay in the patient being able to have the signed prescription. The practice had written to the patient and apologised. This was discussed with administration staff, who were reminded about the repeat prescriptions procedure to ensure further delays did not occur.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff interviews/ significant event policy and	The practice had identified that staff were not always clear when it was appropriate to record and report a significant event. The practice had updated the procedure to include a flow chart for staff to refer to.

procedure		
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.		Y

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

Source	Example
Staff induction	Staff had undertaken a 'visual display unit' assessment to ensure they were not at risk of injury when using computers as part of their induction.
Policies and Procedures	All health and safety policies and procedures had been reviewed within the last 12 months, the practice had undertaken health and safety audits.

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

Source	Example
Policies and procedures	The practice had an equality and diversity policy and procedure which was accessible to staff.
Staff interviews	Staff told us that the practice upheld and promoted the equality and diversity policy and procedure.

Examples of actions to improve quality in past 2 years

Area	Impact
The practice had employed an outreach matron who supported patients whose circumstances may make them vulnerable and for patients who were frail. The outreach matron attended multi-disciplinary meetings and had regular contact with external services, including social services and mental health care teams.	Working with multi-disciplinary teams promoted communication and positive holistic outcomes for patients.
The practice had employed a pharmacist prescriber and established a pharmacy team to oversee prescription and repeat prescription management.	The promoted safe prescribing and reduce risks for patients who were prescribed multiple medicines.

Examples of service developments implemented in past 2 years

Development area	Impact
The practice had implemented online consultations for patients in April 2018	Improved access for working age patients or for patients who experienced difficulties accessing the practice.
Establishment of clinical data team. The clinical data team had received relevant training to manage patients' letters from hospitals and secondary care services. Staff used alga-rhythms to ensure information was accurately recorded and relevant staff had been tasked to complete further action.	This had ensured information was dealt with in a timely manner and reduced delays in treatment for patients.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	We saw the practice had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion.
Governance arrangements for branch practice.	All staff worked at the location and branch surgery. Managers regularly visited and worked from the branch practice. Staff told us they were informed about changes to procedures via meetings, emails and notifications. Staff felt managers were accessible and approachable.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

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

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Information on website and in waiting room. Patient participation Group (PPG)	Information was available on the practice website and in the waiting room. The practice manager met regularly with the PPG to provide updates on service developments and improvements. The PPG communicated with patients via a newsletter and on the practice website.
Staff	Annual appraisals, regular staff meetings.	Staff suggestions were regularly discussed and implemented where appropriate. Appropriate training identified by staff had been provided.
External partners	Communication with the CCG	External partners reported positively on communication with the practice.

Feedback from Patient Participation Group;

Feedback

The PPG commented positively about the practice, they told us the practice were open and honest, recognised challenges and were motivated to implement positive changes.

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

Examples	Impact
The PPG had raised that television monitors in waiting rooms were not being utilised. The practice had subsequently purchased software to use the monitors, to provide patients with information regarding key messages and services available at the practice and externally.	Improved information available to patients.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice was working towards an accreditation to become a 'dementia friendly' practice. Staff were undertaking dementia training	This would improve access to the practice for patients who had been diagnosed with dementia.

and the practice had identified dementia friendly champions.	
--	--

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

Audit area	Impact
The practice had undertaken an audit to measure the adequacy of cervical smear samples taken.	The first audit showed a high number of samples taken had been inadequate and were therefore not suitable to analyse at the laboratory. The practice had undertaken further training for clinicians who took samples. When the practice undertook a second audit, results showed the number of inadequate samples had been reduced.
The practice had undertaken an audit of the amount of antibiotics prescribed to patients. This was due to NICE guidance that recommended a reduction in the use of a named antibiotic as a treatment for urinary tract infections.	Results showed a reduction of the named antibiotic that had been prescribed for patients between March 2017 and March 2018.

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>