

Care Quality Commission

Inspection Evidence Table

Pond Tail Surgery (1-545206429)

Inspection date: 27 June 2018

Date of data download: 25 June 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.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Partial
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Partial
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: Children at risk were identified on the practice computer system using an alert on their record. The practice monitored and followed up on failed attendances for children's appointments, including immunisations, or following referral to secondary care if the child was subject to safeguarding procedures or on a child protection plan. We were told they did not always share or record this information if there were no known safeguarding concerns. Vulnerable patients were identified on the practice computer system using an alert on their record. However, the practice did not have a risk register of specific patients, to monitor any concerns and actions where required.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers: n/a	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes May 2018
There was a record of equipment calibration Date of last calibration:	Yes May 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes Feb 2018
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes June 2018
Health and safety risk assessment and actions Date of last assessment:	Yes June 2018

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>It had been identified that the patient chair for phlebotomy was worn and presented an infection control risk. The practice had recorded this as an action and were working together with the phlebotomist to source an appropriate replacement.</p>	<p>Yes</p> <p>21/05/18</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any 'No' answers:</p> <p>n/a</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Partial
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any 'No' answers:</p> <p>We also found it was not clear whether certain aspects of the care coordinator role were always covered, relating to the administrative processing of patient care plans.</p> <p>We found that not all staff were aware of where to find additional information on sepsis if they needed it. They took immediate action at the time of inspection by printing guidance posters of 'red flag' symptoms to be displayed in consultation rooms and reception. They also told us they would add this subject as an agenda item to their next practice meeting.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Partial
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any 'No' answers:</p> <p>We found that actions from test results were completed and recorded electronically. Results were shared amongst clinicians to action and therefore would not necessarily be received by the clinician who ordered them. We found that the health monitoring process did not always operate effectively, for example blood tests would not be automatically rebooked if a patient did not attend or cancelled their appointment. This included for patients prescribed a high risk medicine. We were told that the practice expected the patient to re-book, therefore the test and health monitoring could be missed.</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.02	0.96	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)	12.6%	10.5%	8.9%	Comparable to other practices

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

We checked a sample of records to look at whether the practice had appropriate monitoring and clinical review prior to the prescribing of high risk medicines, including methotrexate, warfarin and lithium. We found that not all patients were receiving regular monitoring, such as regular blood tests. We saw that the practice had not conducted appropriate checks for a patient prescribed a high risk medicine who had joined the practice and had not been seen by a clinician for three months. The practice told us they would take immediate action to ensure that all patients' health is monitored appropriately and followed up if necessary.

We found that uncollected patient prescriptions were not monitored. We were told that any prescriptions not collected were shredded monthly. This was not recorded on the patient record nor was the GP notified that a patient had therefore not received their prescribed medicine.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Partial
Number of events recorded in last 12 months.	6
Number of events that required action	6
Explanation of any 'No' answers: We found a lack of evidence to demonstrate learning and shared lessons, identified themes and action taken to improve safety in the practice. For example, discussions took place with appropriate staff following an event, but these were not always formally recorded. We saw that the practice had recently started to improve the method of recording and oversight of significant event.	

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

Event	Specific action taken
Patient complaint that a nurse used medical supplies that were not clean.	Treated as a significant event and fully investigated. The practice invited the patient in for screening of associated infectious diseases. The practice issued a reminder to the nursing team that equipment and supplies should be cleared away before calling in the next patient, to prevent any further misunderstandings.
Urgent letter containing a request for a patient was not actioned.	Once discovered, the practice investigated the issue. A clinician discussion took place and actions were completed with the patient as required. As a result, it was agreed that all urgent letters would be sent to the duty doctor with an alert.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Yes
Comments on systems in place: We found that the actions taken by the practice in response to safety alerts were not always clearly recorded, including the date the actions were completed. However, they provided evidence on the day of inspection to demonstrate that they received alerts and took the necessary action.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.57	1.05	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)	83.3%	82.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (40)	14.9%	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)	83.9%	77.9%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (35)	12.5%	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)	82.5%	80.6%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.0% (59)	15.6%	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)	71.0%	75.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (21)	5.5%	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)	92.0%	92.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (4)	13.2%	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)	81.2%	82.4%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (70)	4.1%	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)	84.4%	86.5%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (7)	8.0%	8.2%	

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)	65	80	81.3%	Below 90% Minimum (variation negative)
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)	83	89	93.3%	Met 90% Minimum (no variation)
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)	0	89	0.0%	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)	0	89	0.0%	80% or below Significant variation (negative)
Any additional evidence or comments				
The practice evidenced that childhood immunisations were carried out in line with the national childhood vaccination programme. The evidence provided by the practice did not align with the data used by the care quality commission data, as the age ranges do not mirror World Health Organisation targets.				

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)	72.1%	73.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.5%	71.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.5%	57.7%	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)	65.2%	73.9%	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)	61.9%	51.5%	51.6%	Comparable to other practices

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%	92.8%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.3% (9)	11.5%	12.5%	
Any additional evidence or comments				
We noted that the exception reporting rate was 24%, which was above the CCG average of 12% and the England average of 13%. The practice were unable to provide an explanation for this high rate of exception reporting.				
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)	93.5%	93.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.2% (6)	10.7%	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)	75.5%	81.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (5)	5.5%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	548	539
Overall QOF exception reporting	5.9%	5.9%	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) <small>(QOF)</small>	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	96.8%	95.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (3)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice monitored that consent was sought for interventions through the patient records. The practice ensured that written consent was sought for minor surgery procedures; the completed forms were then uploaded into the patient record. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below:</p> <p>n/a</p> <p>Any further comments or notable training:</p> <p>Staff had received dementia awareness training as appropriate to their role.</p>	

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	8
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	We saw comments that were mixed. These included that GPs, nurses and reception/administrative staff helpful and polite. We also saw comments that GPs were thorough, understanding and reassuring. However, there were some negative comments regarding the attitude of GPs and receptionists. We saw that the practice had responded to all comments.
Comment cards and patient interviews	Patients said that all practice staff were polite, helpful and efficient. They reported that they were listened to by GPs, given enough time in appointments and provided with relevant information. We saw comments that the receptionists were welcoming and greeted them personally. The mixed comment was regarding waiting times for referrals. We spoke to two patients on the day of inspection and their comments aligned with these views.
Information from Healthwatch	We received a summary of nine patient experiences from Healthwatch. We saw that patients were mostly happy with the care and treatment provided by the practice. We saw comments that GPs and nurses were supportive and thorough. The mixed comments were regarding booking of appointments.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7445	256	106	41%	Less than 1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	83.4%	82.1%	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)	95.0%	91.3%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	96.7%	96.5%	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)	92.2%	86.6%	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)	91.6%	90.5%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	90.8%	90.5%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
January 2018	The practice conducted a patient survey on extended opening hours to determine their requirements and use of current hours. 50 surveys were sent out and 22 were returned. It was found that 18 of 22 patients were happy with the current hours.
2017	The practice also conducted a survey of 40 patients attending the anticoagulant (Warfarin) clinic for monitoring. The survey found they were mostly happy with the service provided. There were some mixed comments that related to issues with car parking.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards and patient interviews	Patients commented that they felt involved in decision making about the care and treatment they received. They also stated they felt listened to and supported by staff and that treatment decisions were acted upon.

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)	93.7%	88.2%	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)	87.8%	82.7%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	91.5%	89.7%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	88.7%	84.6%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	201 patients were identified as carers; this represents approximately 3% of the practice list.
How the practice supports carers	<p>The practice had allocated a member of staff for carer support. We saw that the practice had created a pack of written information which included for carers. This directed them to the various avenues of support available to them.</p> <p>The practice told us they hosted various ad hoc events for carers and encouraged uptake of the flu vaccine.</p>
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and to provide advice on how to find a support service. If the patient was well known to the practice, this call was followed by a patient consultation at a flexible time and location to meet the family's needs.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception area was open; however the waiting areas were located away from the reception desks. We observed that staff dealt with patients professionally, quietly and appropriately.

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us their privacy and dignity was respected.
Comment cards	Patients commented that they were treated with compassion, dignity and respect.

Responsive

Responding to and meeting people's needs

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

Extended hours opening	
Alternate Monday	18:30 – 20:00
Alternate Saturday	09:00 – 10:30
Tuesday to Thursday	07:30 – 08:00

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for home visits were added to the home visit list and shared amongst available GPs who determined whether the visit was necessary and the urgency. If an urgent request was received the duty doctor was advised immediately by reception of the request.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7445	256	106	41%	Less than 1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	82.1%	79.4%	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)	83.6%	74.8%	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)	89.9%	78.3%	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)	86.3%	76.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Comment cards	Five of the nine patients who completed comment cards wrote that they were happy with the access to appointments. We saw that patients stated they could get an appointment when they needed one and that waiting time was acceptable. There were no negative comments relating to appointment availability or booking.

Listening and learning from complaints received

Complaints	
Number of complaints received in the six months	12
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We saw evidence that complaints were fully investigated, with transparency and openness. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We found some evidence that the practice conducted an analysis of trends but this was not always completed routinely or formally recorded.	

Example of how quality has improved in response to complaints
The practice purchased a paediatric pulse oximeter in response to a complaint that GPs did not check the oxygen saturation of a baby. After a full investigation, it was determined they did not have the equipment and therefore it was purchased to enable comprehensive consultations.

Well-led

Leadership capacity and capability

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

Leaders had the experience and skills to deliver the practice strategy and address risks to it. They told us they prioritised safe, high quality and compassionate care. The practice had identified that a lack of GPs at the practice affected the future of their success and they had taken steps to meet increasing patient demands. They were also exploring other solutions to address their workforce challenges.

The practice were part of a network of local practices and used their meetings as learning events, such as a recent meeting regarding polypharmacy for elderly patients. (Polypharmacy is the term used to describe the concurrent use of multiple medicines by one individual.)

The practice evidence of minutes to demonstrate a meeting structure. This included a significant event meeting held twice per year that was attended by partners, the practice manager and the nursing team. They also evidenced an administrator meeting and a nursing team meeting. It was not clear whether the practice held full staff meetings, there were no minutes of any full staff meetings.

Vision and strategy

Practice Vision and values

The practice values included that they aim to provide the best possible quality care for their patients by listening to their needs, providing a comfortable and safe environment to encourage this. They said they kept their patients' needs as their main focus. They aim to look after their members of staff and their needs for effective working. They also aim to provide regular patient surveys and analyse results to improve patient care.

Some staff were aware of and understood the values for the practice. Not all staff could describe the practice vision or strategy and their role in achieving them.

Culture

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

All staff we spoke with felt encouraged to make suggestions for improvement. For example, changes were made to the rota at reception and administration as a result of staff feedback, as a result these roles were shared amongst staff to increase multiskilling. They told us there was an open culture at the practice and they felt listened to and respected.

Although the practice reported having a lack of GP and administrative resources, patients reported being happy with the access to appointments and with care and treatment received.

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

Source	Feedback
Staff interviews	Staff described the practice as a friendly place to work, with a supportive culture. They enjoyed working at the practice. We heard there was no feeling of hierarchy and that senior partners/staff were approachable and accessible. Not all staff were aware of any future plans or changes at the practice other than what they had heard word-of-mouth.
Staff interviews, documentation	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.

Governance arrangements

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

Practice specific policies	All policies we reviewed were relevant and up to date.	
Other examples	We found that the processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective. For example, the processes to monitor and follow up on safeguarding concerns, the recording and oversight of safety alerts, significant events and complaints, and the systems for monitoring patient health in relation to the use of medicines.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Managing risks, issues and performance

Complaints

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Lack of GPs and use of locums	The practice were actively recruiting for salaried GPs as part of plans to increase stability and capacity at the practice. They were aware of being under resourced for GPs and had recruited additional nurses including an Advanced Nurse Practitioner to ensure continuity of care for patients. We heard they were looking forward to welcoming a salaried GP to the team in September 2018, following being part of the team as a regular locum.
Telephone system	The practice was installing a new telephone system on the 29th July to improve efficiency and reduce patient waiting times. This included new hands-free equipment for reception staff.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Patient Participation Group
The practice explained that there were a small number of members on the PPG, which was a virtual group. They were aware that the PPG could be improved and expanded. We heard the practice had started to advertise for members and had received some interest.

Continuous improvement and innovation

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

Audit area	Improvement
Audit of Gestational Diabetes	An audit was conducted in June 2018 to determine whether women who had gestational diabetes were receiving appropriate tests and reviews post delivery. This found that not all women were receiving test routinely (44%) and had documented reviews (25%). As a result, the practice built in a monitoring and recall system. This included that administrators would conduct a monthly search for new cases and invitations for regular testing and follow up appointments would be sent out alongside letters of congratulations to new mothers. They aimed to complete a re-audit in three months.

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](#)).