Care Quality Commission

Inspection Evidence Table

The Alma Partnership (1-549906670)

Inspection date: 25 July 2018

Date of data download: 23 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.	y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	partial
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	n

Explanation of any 'No' answers:

- The GP who was the lead for safeguarding had received training in April 2017, documentation was not available to confirm the level of training undertaken and how long it was valid for. We were informed that the practice was in the process of arranging face to face training for this, as requested by the GP concerned, but no date had been confirmed. We requested further information from the practice at the time of the inspection. This was not received.

- We spoke with an administrator attached to the health visiting team, who confirmed that there was communication between the practice and health visitors regarding children at risk.

- We looked at five staff files and found that one member of staff had not had a DBS check.

Recruitment Systems	Y/N

Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	partial
Staff vaccination was maintained in line with current Public Health England (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

Explanation of any answers:

- We looked at five staff files. One of the files did not have evidence of satisfactory conduct in previous employment and two did not have evidence of a Disclosure and Barring Service check being carried out. Recruitment systems were centralised at IMH head office, which provided support to the practice. We requested confirmation that DBS checks had been carried out during the inspection visit; this information was not received.
- We were told that it was policy not to have an induction checklist. The practice could not demonstrate that staff had been appropriately supported when they started working at the practice. A member of staff who told us they worked on a locum basis had not received information on what tasks and duties they were to perform; and how they were expected to manage workflow and referrals.
- The practice manager said that there were clear guidelines for locum workers and we found reference to this in meeting minutes, However, these were not supplied to relevant staff members.

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 23/8/17 Booked for August 2018
There was a record of equipment calibration Date of last calibration:	Y 23/8/17 Booked for August 2018
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	n
Fire alarm checks	y
Fire training for staff	partial
Fire marshals	y
Fire risk assessment Date of completion	Y 19/8/16
Actions were identified and completed. • The fire risk assessment completed in August 2016 identified that fire drills needed to be carried out six monthly. At the time of the inspection these had not been carried out. A fire drill had been planned for August 2018. • The fire risk assessment also identified that a five yearly fixed electrical safety check had not been carried out. The practice was unable to demonstrate when the electrical wiring system had last been checked. The practice premises were leased and we were informed there were contractual issues with the lease and it was not clear whether the landlord or the practice were responsible for this.	
Additional observations: • Three of the five staff files we looked at showed that these members of staff had not received fire training in line with the practice policy.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y 23/7/18
Health and safety risk assessment and actions Date of last assessment:	Y 23/7/18 Carried out

	six monthly under IMH processes
Additional comments: • The premises were adequate for the service provided, but there were some areas such as consulting rooms and corridors and the external areas which needed refurbishment and redecoration. The practice acknowledge that this was needed and were working with the landlord to resolve these issues. • The health and safety risk assessment had not identified the shortfalls in checking of the fixed electrical wiring systems or the need to have a gas safety boiler check completed. • Records showed that the last safety check on the boiler had been carried out in 2015 and a service had been arranged for August 2018.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: • The infection control audit showed a compliance of 93%, which was above the recommended target of 90%. There were three recommended actions, which were: provision of wall mounted dispensers for disposable gloves and aprons; hand cream to be supplied at handwashing stations; and liaising with the external cleaning company to ensure high and low dusting had been carried out. • The practice had ordered hand cream for handwashing station; and there was a process in place of ordering the glove and apron dispensers. However, contact had not been made with the cleaning company regarding the need to carry out high and low dusting, which could potentially pose a risk to patients. Records showed that there had been no discussions with the cleaning company to rectify the situation.	Y 24/4/18
The arrangements for managing waste and clinical specimens kept people safe?	y

Any additional evidence
• A legionella risk assessment had been carried out on 3/4/18; no actions were needed. •

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.	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.	y
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:

- The agreed baseline set out by the practice was for at least two GPs and one nurse working each day.

- Rotas provided showed there were two GPs and one nurse on duty on average per day, sometimes this dropped to one GP. Staff we spoke with confirmed this and showed us rotas for the forthcoming weeks which also showed there was only one GP rostered. Copies of rotas provided by the practice showed that plans had not been made to have two GPs on duty at all times. There was a reliance on locum GPs to cover clinical sessions, as there were only two salaried GPs employed. One of the salaried GPs had gone off on long term sick leave, at the time of the inspection visit.

- The practice manager informed us that the partners for the practice did not undertake clinical sessions at the practice and did not routinely visit the practice.

- Managers told us that they had had recent issues, since the previous practice manager had left, where they were not aware that locums GPs booked to work had been cancelled, which left them with one GP to carry out consultations.

- We looked at workflow and found that due to one secretary being on leave there was a one-week delay in sending out routine referrals. All other correspondence had been processed, including fast track referrals, which were checked to ensure they had been responded to.

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	y

managed in a timely manner.	
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:

- The practice used Arden's templates, which were embedded on their computer system. This enabled them to generate care plans, referral letters and other correspondence. There were also links to the latest guidance.
- GPs had protected administration time slots throughout their working day.
- The practice was part of the local admission avoidance project and worked with the community team who provided home visit to patients to minimise the risk of unnecessary hospital admissions.
- GPs were able to work remotely to process workflow, for example results and referral letters.

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)	0.81	0.97	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.5%	8.2%	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).	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).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	y
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.	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.	y
The practice had a defibrillator.	y
Both were checked regularly and this was recorded.	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.	y
Explanation of any answers: • We reviewed five records of patients on high risk medicines. We found these medicines were not prescribed unless they were necessary and relevant and appropriate blood tests had been	

carried out.
- There was a process in place for handling repeat prescriptions and ensuring reviews were carried out and blood test results seen prior to high risk medicines being prescribed.
- Records were maintained of weekly checks of emergency medicines expiry dates and oxygen supplies.
- All patient group directives used by the practice were correctly authorised, signed, and in date.

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	partial
Staff understood how to report incidents both internally and externally	y
There was evidence of learning and dissemination of information	partial
Number of events recorded in last 12 months.	5
Number of events that required action	5

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

Event	Specific action taken
Feb 2018 GP sickness left the practice with one GP working alone. A GP raised a significant event.	• A clinical sickness audit was completed to see how much clinical cover had been lost. • Discussed in clinical meeting in March 2018 and baseline staffing levels agreed
May 2018 Due to electrical problem - a switch tripped leaving the electricity supply off for about one and a half hours. This caused the vaccines fridge temperature to rise.	• The data logger information was downloaded to ascertain how long the fridge had been without power. • The temperature had exceeded recommended levels in that times. • All affected vaccines were identified and destroyed if needed or used off license, with patient being informed of this; following advice from the manufacturers. • NHS England were informed. • A full electrical service was carried out to check for safety, not actions were required. • Staff were reminded to be vigilant.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	y
Staff understand how to deal with alerts	y

Comments on systems in place:

- Records were maintained for safety alerts received, action was taken when needed and these were usually discussed at clinical meetings when they occurred. However, there had not been a clinical meeting since May 2018, due to a shortage of clinicians.

Any additional evidence

- The practice did not have a policy for incident reporting or a protocol to determine what a significant event consisted of.
- Managers had an ‘open door’ policy for staff to report any concerns and if needed they would be dealt with as a significant event.

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)	0.76	0.88	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)	63.0%	82.6%	79.5%	Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	6.8% (23)	18.0%	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)	55.0%	78.5%	78.1%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	7.7% (26)	12.2%	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)	62.6%	81.5%	80.1%	Significant Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (37)	17.3%	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)	45.7%	76.6%	76.4%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	19.4% (89)	11.7%	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)	90.4%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	33.6% (37)	16.0%	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)	70.8%	84.3%	83.4%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.1% (8)	5.3%	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)	93.1%	87.9%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.0% (24)	9.6%	8.2%	

Any additional evidence or comments

- The practice was aware of high levels of exception reporting, but had made limited progress in improving exception reporting figures.
- Unverified data for 2017/18 showed that they had achieved 385.6 points out of 559 available (approximately 69%).
- Asthma indicators showed they had achieved 41.3 out 45 points; COPD 25.9 out of 35 points; cancer 5.8 out 11 points; CVD 2 out of 10 points; dementia 22.2 out of 50 points; and diabetes 46.2 out of 86 points.
- There was a system in place for recalls which was in line with national guidance and contractual obligations.
- The practice was looking at collaborative working with other practices to improve the figures. They attributed loss of points in diabetes indicators to the loss of a specialist nurse clinic.

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)	88	96	91.7%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	93	104	89.4%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	92	104	88.5%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	93	104	89.4%	Below 90% Minimum (variation negative)

Any additional evidence or comments

Practice considered these figures were linked to a transient population and were planning to target specific groups to improve uptake, but had yet to commence this work.

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)	66.8%	74.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	70.1%			N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	57.3%			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)**	62.5%			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)	51.2%	51.6%	51.6%	Comparable to other practices
Any additional evidence or comments n/a				

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)	85.0%	91.9%	90.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.0% (5)	14.0%	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	100.0%	89.9%	90.7%	Variation (positive)

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**	
	4.8% (6)	14.0%	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)	76.2%	86.4%	83.7%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.6% (5)	7.0%	6.8%	
Any additional evidence or comments n/a				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	498		
Overall QOF exception reporting	8.5%		

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.2%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0.8% (12)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was recorded on the computer system at the time of the consultation. Paper consent forms were used for joint injections and scanned onto patient records.

Any additional evidence
• The practice had recall systems in place for QOF indicators and immunisations, which were in line with relevant guidance and contractual obligations. However, there was limited oversight and benchmarking to determine how the practice was performing throughout the year. • Reminders were placed on patients records to alert clinicians for the need for reviews, or when immunisations were required. • Cervical screening information leaflets were available in different languages. • We were informed that the practice no longer has a spirometer on site and therefore full respiratory reviews could not be carried out. • Training records contained in the five staff files that we looked at showed that three out of the five members of staff had not received infection prevention and control; Mental Capacity Act 2015; and information governance training, as required by the practice's policy.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	2
Number of CQC comments received which were positive about the service	1
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Patients	• We spoke to three patients who told us they received appropriate care and treatment
Comments cards	• One comment card had a letter of complaint attached which had not been responded to by the practice. This was given to the practice manager to action. • The other comment card received considered that the treatment two patients had received was faultless and they were treated with kindness and staff were friendly.
NHS Choices	• We reviewed comments and ratings made on NHS Choices for the period of 1 July 2017 to the date of the inspection. • Eight comments had been made. Six respondents had given a rating of one star and the remaining two had rated the practice as five stars. We noted that comments had not been responded to by the practice since April 2018. • Negative experiences included being on hold whilst trying to contact the practice by telephone and not being able to book appointments easily; delays in receiving regular treatments to manage conditions; poor staff attitude; and waiting for blood tests results. • Positive experiences included ease of getting through by telephone and arranging an appointment; and friendly and efficient staff.

National GP1% Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,080	310	96	30.97%	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)	83.0%	84.5%	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)	92.6%	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)	100.0%	96.6%	95.5%	Variation (positive)
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)	92.5%	89.3%	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)	90.8%	93.7%	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)	93.0%	93.2%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
Date not supplied	The practice said they had recently carried out a patient survey and were in the process of analysing the results and developing an action plan. We requested a copy of the work completed up until the time of the inspection. This has not yet been received at the time of writing this report.

Any additional evidence
• Information was available in the waiting area which covered how to make the most of an appointment time and promoting self-care, with signposting to other services which may be more appropriate for a patient's condition.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Three patients we spoke with said they were involved with decisions about care and treatment.

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)	87.4%	90.1%	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)	86.0%	86.5%	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)	90.5%	92.2%	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)	90.9%	88.5%	85.4%	Comparable to other practices
Any additional evidence or comments				

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	• The practice had identified 17 patients who were also carers; this represented less than 1% of the practice population. • The practice did not routinely identify young carers. A member of staff told us that this was usually carried out by the school that the young person attended and schools would signpost young carers to council services for help and support. This information was not recorded on patient records.
How the practice supports carers	• The practice had a carer's lead who was responsible for signposting carers to other services for support and information, such as coffee mornings and social groups. • There was information available in the waiting area on services which could provide support for carers. • Patients were asked when they registered whether they had caring responsibilities and this was recorded on their record. An information pack was also provided and with the patient's consent the carers lead of the local council was informed, so they could offer a carer's assessment.
How the practice supports recently bereaved patients	• We were informed that the practice only contacted bereaved patients if the person had died at home or unexpectedly.

Any additional evidence
n/a

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	• Conversations could be overheard at the reception desk. • Patients were requested to stand away from the desk to wait to be seen by a member of staff.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times

Day	Time	Telephone lines open
Monday	8.00am to 6.30pm	8.30am to 12pm;2pm to 6.30pm
Tuesday	8.00am to 6.30pm	8.30am to 12pm;2pm to 6.30pm
Wednesday	8.00am to 6.30pm	8.30am to 12pm;2pm to 6.30pm
Thursday	8.00am to 6.30pm	8.30am to 12pm;2pm to 6.30pm
Friday	8.00am to 6.30pm	8.30am to 12pm;2pm to 6.30pm

Appointments available	
	8.30-11.40am and 2.30pm to 5.30pm
Extended hours opening	
Monday until 7.30pm for family planning only.	

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

- Home visits were triaged and carried out by GPs.
- Longer appointments were available for patients with learning disabilities; complex conditions; and for travel vaccinations.
- Patients who were vulnerable were able to register with the practice.
- There were a range of pre-bookable and on the day appointments. Telephone consultations were also available.
- There were protocols in place to assist reception staff to determine whether an urgent or non-urgent appointment was required. However, the protocol contained details of staff members who no longer worked at the practice.
- Extended hours appointments were only available for family planning consultations on Mondays.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,080	310	96	30.97%	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)**	84.3%	83.8%	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)**	61.8%	83.8%	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)**	78.9%	84.4%	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)**	70.2%	81.7%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Patients interviews	Three patients told us they were satisfied with the service.
NHS Choices	Six of the eight comments received since July 2017 reported concerns with making an appointment and difficulties in getting through to the practice by telephone.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	13
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:

- All complaints were dealt with by the practice manager and there was a complaints pack available for patients.

Example of how quality has improved in response to complaints

A data breach was identified by the practice, when they were responding to a patient about a significant event. Information related to another patient was also given to the patient who had complained. A letter of apology was sent to both patients concerned and refresher training was provided for staff.

Any additional evidence

- The lead CQC inspector witnessed an incident where a patient needed an issue sorted out and receptionist was not helpful. The patient was informed that staff were not meant to interrupt a GP for things like prescriptions and they would send a message to the duty GP and requested that the patient returned to the practice later in the day, even though the patient had explained how unwell they were feeling. The patient requested to see a manager to discuss their concerns and was told that the practice manager may not be available, even though they were in the building. The patient became distressed, therefore the CQC inspector made a request on the patient's behalf for the practice manager to see the patient.
- The same member of reception staff was also seen to be reluctant to book an appointment with a GP and tried to get them to see a nurse, which was not what another patient had requested.
- The lead CQC inspector witnessed a situation where a member of reception staff was calm and polite when dealing with a concern about prescription and offered the patient a complaints pack and to speak with a manager.
- The practice had gender neutral accessible toilet facilities, and there were baby changing facilities in one of the two toilets.
- There was level access to the practice.
- Staff were provided with training to support patients with learning disabilities.
- A letter of complaint was attached to one of the CQC comment cards, as it had not been responded to in full yet by the practice. The complaint had been made in June 2018 and an acknowledgment letter had been sent, but there had been no further correspondence. The practice manager and their deputy were not aware of the complaint and the information had not been handover by the previous practice manager or recorded on the computer system. The letter was given to the practice manager to action.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
• There was a list of staff members who had lead roles in the practice, for example for infection control, and safeguarding. However, it was not clear whether the lead for safeguarding had received up to date training. • The clinical governance lead was one of the partners who did not routinely carry out clinical session at the practice. It was not clear how they undertook their role. • We were informed that a GP from one of the sister practices had taken on this role on the day of the inspection visit and that the role was evolving • Contact numbers were available for one of the GP partner's and the practice manager in case they needed to be contacted by staff at the practice. • We were informed that one of the two GP partners did not visit the premises. • There was a schedule of meetings in place for administration and clinical staff. However, the last three clinical meetings were cancelled due to no clinicians being available to attend. The last clinical meeting was in May 2018. • The practice was usually staffed by locum GPs, which did not promote continuity of care. • There was limited resilience if staff were absent, sick or on annual leave. • The practice manager was not working at the practice on a daily basis, they were contactable by telephone. • The deputy practice manager also worked at a sister practice and was not at The Alma Partnership on a daily basis. • The practice manager told us that there were plans to have a lead member of staff in each of the three sister practices, but this had not yet occurred.

Any additional evidence
• There was a system for staff appraisals. We looked at five staff records and found that a practice nurse had not received an appraisal since 2015. • A locum GP said they were not provided with an induction to the practice and was not made aware of the processes for handling results workflow processing. They reported that they had found errors in coding clinical activity in patients' records. One of the patient records we looked at had been incorrectly coded. This locum GP also raised concerns about reception staff triaging patients. We witnessed a member of reception staff trying to persuade a patient to see a practice nurse, even though they had specifically requested to see a GP to discuss their health concerns. The member of reception staff was heard saying that a nurse would usually deal with the patient's condition, but the patient said they were not happy to be seen by a nurse and wanted to talk with a GP. Meeting minutes from July 2018 showed that reception staff should appropriately signpost patients. • The practice protocol was to book vulnerable patients in with the same GP, but at the time of inspection there was only one salaried GP available. Patients told us that they wanted to see a regular GP, but this was not possible. • Actions from the latest infection control audit had not been completed. • We met with the Head of Primary Care for IMH who said they would provide us with the

organisational structure of IMH and how the company supported the practice; in particular communication and governance systems. At the time of writing this report we have not received this information.
- Workflow systems were introduced two months ago, to assist with managing correspondence.

Vision and strategy

Practice Vision and values
The vision and values of the practice was to offer top quality services, which are readily accessible to patients. In addition to have friendly, well trained, happy and supported staff. The practice planned to review this in August 2018.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
• The practice aimed to offer consistency of care for patients, but there were barriers to achieve this due to a reliance on locum GPs. • There was a schedule of meetings for staff to discuss clinical care, but these did not always occur due to staff shortages.

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

Source	Feedback
Staff	One member of staff noted improvements and now has a better work/life balance and does not work excessive hours and feels supported.
Staff	Three members of staff expressed the view that they did not consider they were supported and worked excessive hours.
Staff	They told us that there was limited contact with the partners and they were not fully involved in the running of the practice.

Any additional evidence
The practice were aware of where they needed to improve regarding QOF outcomes, but there was no firm plans in place on how this would be achieved. Protected time was given for training which the practice considered to be mandatory, this was usually achieved by online training modules. The training matrix was in the process of being updated to include training which had been carried out, but was not held on the system. A member of staff who works part time has requested more notice to attend meetings, sometimes this is done, but not always. The member of staff receives copies of minutes. A locum GP said they were employed the day before the inspection visit to clear any outstanding tasks. The practice was unable to demonstrate that it had fully identified any themes or trends from complaints or significant events; and used this information to drive improvement.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The deputy practice manager was in the process of reviewing all policies and procedures used by the practice to make sure they contained current and relevant information.

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

Any additional evidence
We were informed that it was not practice policy to have an induction checklist to make sure that relevant areas for a member of staff's role were covered when they commenced employment, whether on a permanent basis or temporary basis.

Managing risks, issues and performance

Major incident planning	Y/N
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

Risk	Example of risk management activities
Cold chain failure	The practice noted that a medicine fridge had been without power for a period of time and acted to ensure the efficacy of the vaccines. They also had the electrical supply checked to ensure it was safe and effective.

Any additional evidence
Minutes from a staff meeting in March 2018 showed that planning for annual leave over the Christmas holiday period for 2018 consisted of 'picking names out of a hat', to determine who could take leave.

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice did not have an active patient participation group.

Any additional evidence
The practice carried out 'You asked we listened' short surveys on a regular basis. Results from the most recent survey in May/June 2018 highlighted concerns with booking appointments in advance and the telephone system. This had resulted in a new telephone system being installed in June 2018 and a review of types of appointment and availability.

Continuous improvement and innovation

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

Audit area	Improvement
Blood tests for DMARDS.	A one cycle audit was carried out in April 2018. A total of 18 out of 62 patients did not have a blood test in past three months as needed. A GP reviewed notes and contacted patients to invite them to have the necessary blood test. This audit needed a second cycle to show whether this intervention improved take up of blood tests.
Patients on antipsychotics	A total of one out 39 patients had not had a medicine review. The patient was contacted regarding the possibility of considering a reducing dose regime, however, there was no outcome from this intervention.

Any additional evidence

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).