

Care Quality Commission

Inspection Evidence Table

Dr Mark Stevens (1-506812065)

Inspection date: 27 July 2018

Date of data download: 13 July 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	No
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.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any answers: At our inspection in November 2017 we found that the practice did not have clear systems to keep people safe and safeguarded from abuse because in respect of safeguarding, some records were inconsistent, children were not always appropriately identified as being at risk and opportunities to identify potential safeguarding concerns had been missed. At this inspection we found that there were now regular documented meetings taking place with the health visitor and there were alerts on the patient records of all children subject to safeguarding that we reviewed. We saw evidence of safeguarding referrals having been made or considered. However, the alerts used were not always the appropriate ones and not all children on the safeguarding register who should have been identified as requiring discussion at meetings had been discussed. This also indicated that the safeguarding register was not being adequately reviewed. For example: <ul style="list-style-type: none">One child had an alert 'cause for safeguarding concern' but there was a child protection plan in	

place and this child had not been discussed at safeguarding meetings.

- A child on the safeguarding register had not been taken to three immunisation appointments before attending in March 2018. Two months later they were not taken to a hospital appointment and the hospital department notified the practice. This did not prompt the practice to consider discussing the child at the safeguarding meeting with the health visitor.
- There were children on the safeguarding register who no longer needed to be included such as adopted children.
- There were children on the safeguarding register who were recorded as not having had childhood immunisations and this had not prompted discussion or action.
- Some children on the safeguarding register had not had their notes summarised meaning that their electronic patient record may not have included all relevant information.

At our inspection in November 2017 we found that there was not a reliable system in place for summarising patient notes. At this inspection we found that the practice had recruited a new member of staff who was trained in summarisation and had summarised a combination of historic records as well as new patient registrations.

Although some improvement had been made the system was still not effective as there were still over 150 historic patient records not summarised as well as approximately 50 newly registered patient records without summarisation. This meant that clinical information about patients may not have been transferred to the patients' electronic records in a timely manner; therefore, important information might not be available to clinical staff. When we pointed this out to the practice manager they told us they were aware of the new patient registrations which the summariser was working their way through but had not been aware of the 150 historic patient records. It appeared that the search on the practice record system which would have identified these patients had not been carried out. Following our inspection, the practice sent us information advising us that they would complete the summarisation as a matter of urgency and had prioritised children. They advised us that they had audited the children on the list and either they had not yet received their paper records or there were no concerns. They also advised us that 26 of the patients with unsummarised records were new to the UK and therefore there was no paper record in existence.

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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. With the exception of one, the locum GP files we reviewed evidenced appropriate checks. We were told following the inspection that this information was held electronically. However, the practice had not ensured that GP locums who had worked in the practice since our last inspection had received an induction prior to working in the practice. We were provided with evidence of an induction process that had been created in July 2018 for future use. 	

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 January 2018
There was a record of equipment calibration Date of last calibration:	Yes 19/01/2018
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 06/02/2018
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes January 2018
Health and safety risk assessment and actions Date of last assessment:	Yes January 2018
<p>At our inspection in November 2017 we found that some risk assessments relating to the premises had not been reviewed since 2015 and some mitigating actions in respect of assessed risks were not being carried out.</p> <p>At this inspection we found that the practice manager had implemented a new system for carrying out and reviewing risk assessments. We saw that a full range of risk assessments had been carried out or reviewed in January 2018 and were due for review annually. All actions had been completed in a timely way and required mitigating actions had been implemented and were being followed.</p>	

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>Identified actions from last audit were:</p> <ul style="list-style-type: none"> • Repainting of toilet and Health Care Assistant room – completed. • Cleaner to be reminded to store mops inverted – completed. • Plan training for cleaner – cleaner can speak but not read English so online training planned with interpreter. 	<p>Yes</p> <p>17/07/2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes*
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	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 answers:</p> <p>Arrangements were in place for planning the number and mix of staff needed to meet patients' needs, including planning for holidays. Administration staff ensured other staff members could cover their shifts before booking leave. However, there had been an occasion whereby the practice had booked locum GPs to cover the GPs absence but the arrangement had fallen through at short notice. Cover was eventually found and as a result the practice had identified additional locum agencies they could use if necessary.</p> <p>All staff had carried out sepsis training and recently a week-old baby who had presented at the surgery had been accurately recognised as a sepsis case and appropriately treated as such.</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.	No
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>We found evidence of insufficient detail or documentation in some clinical records. For example:</p> <ol style="list-style-type: none"> 1. A patient's electronic record contained a clinical letter advising that the patient had died in June 2018. There was an entry under the care history of date of death but nothing on the consultation 	

page of the patient's electronic record acknowledging the death. The practice held a list of deceased patients in the reception area and the practice 'patient death procedure' which had been reviewed in March 2018 informed staff to add patients to this list to enable the necessary actions to be taken in respect of the death to avoid causing distress to relatives of the deceased by inappropriate communication. The patient had not been added to the list and the GP told us the deceased patient list was no longer in use but other staff members told us it was still used.

2. One patient was prescribed two high risk drugs but no alerts had been added to their patient record, despite being on one of the drugs since 2013. In respect of the second drug the practice received a clinic letter dated 27/4/18 which advised the practice that the patient had been prescribed the drug but they had not updated the patient record accordingly. Although the GP told us they were aware of the patient's situation, other clinicians may not have been aware of this.

3. A hospital discharge letter stated that a patient was discharged with a prescription for 5mg prednisolone. The patient's medication record was not updated. The GP visited the patient two working days later and recorded that they had started the patient on 2.5mg prednisolone. It therefore appeared from the records available that the patient was taking 5 and 2.5mg of prednisolone. The GP informed us that the patient told them they had not been taking the medication prescribed by the hospital and the GP had started them back on a lower dose. However, this was not documented.

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)	0.75	0.91	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	13.5%	7.5%	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.	Yes*
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
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	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 answers:	
Although the practice had a process for the management of information about changes to a patient's medicines, examples we saw meant it was not always effective:	

A hospital discharge letter stated that a patient was discharged with a prescription for 5mg prednisolone. The patient's medication record was not updated. The GP visited the patient two working days later and recorded that they had started the patient on 2.5mg prednisolone. It was therefore not clear from the records available whether the patient was taking 5 and 2.5mg of prednisolone. The GP told us that the patient told them they had not been taking the medication prescribed by the hospital and the GP had started them back on a lower dose.

Although there was a process for the management of medicines including high risk medicines we found that one patient was prescribed two high risk drugs but no alerts had been added to their patient record, despite being on one of the drugs since 2013. In respect of the second drug the practice received a clinic letter dated 27/4/18 which advised the practice that the patient had been prescribed the drug but they had not updated the patient record accordingly. Although the GP told us they were aware of the patient's situation, other clinicians may not have been aware of this. Additionally, the patient was still receiving their medication on prescription despite not having had a blood test to monitor its safety. The GP told us they were aware that the patient had not attended for their test and had sent two reminder letters. The GP told us they spoke with the patient following our inspection and the patient had been on holiday but had now arranged for their blood test.

At our inspection in November 2017 we found the practice did not always have reliable systems for appropriate and safe handling of medicines because the vaccine refrigerator was not always being reset after the temperature had been recorded. Additionally, the refrigerator had not been serviced annually. At this inspection we found that refresher training on the cold chain had been given to all staff by the practice nurse and they had signed to acknowledge they were confident in the procedures. There was now a contract in place for annual servicing of the refrigerator.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	20
Number of events that required action	14

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

Event	Specific action taken
Referral sent to incorrect hospital department	Process amended to double checking the details of the letter before being sent. Event further reviewed and discussed in July 2018 and in addition to previous action name of department will be added to referral letters.
Incoming fax not logged in 'incoming post' book or scanned and contained change of medication from hospital	Standard operating procedure for incoming post reviewed and amended to include actioning of faxes and emails. Incident further reviewed and discussed July 2018 and new process is working well.
Theft of purse	Improvements in security. All personal items locked away and where possible all doors have coded locks. Security now standing item on team meeting agenda.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Alerts were received by the practice manager and a log kept of actions taken because of incoming alerts. These were also available to locum GPs.	

Any additional evidence
At our inspection in November 2017 we found the practice had not learned and made improvements when things went wrong because further improvement was required in the investigation and analysis of significant events to correctly identify appropriate and relevant learning from incidents and to ensure that necessary actions were taken. At this inspection we found the practice manager had introduced a new system and recording forms for significant events which included reviewing events to ensure actions were effective. There was a clear audit trail of actions, learning and dissemination. All staff had received face to face training relating to significant events since our last inspection.

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)	0.31	0.77	0.90	Variation (positive)

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)	86.8%	70.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.3% (19)	11.3%	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)	91.3%	75.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (11)	8.6%	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)	87.8%	76.7%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	28.1%	(16)	12.1%	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)	84.9%	75.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.2% (11)	7.3%	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)	88.2%	86.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.0% (4)	10.7%	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)	81.7%	82.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (14)	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)	100.0%	88.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	44.4% (4)	13.3%	8.2%	

Any additional evidence or comments

At our inspection in November 2017 the published data available (2016 to 2017) showed that the practice was an outlier for four of the QOF clinical targets and we found very high exception reporting for some clinical indicators. At this inspection the most recent published data was still from 2016 to 2017. However, we looked at unverified data from the practice clinical system and provisional QOF data for 2017 to 2018 provided by the Clinical Commissioning Group. This indicated that the practice performance had improved for 2017 to 2018 and exception reporting had significantly reduced, both overall and in specific domains and indicators. The points the practice had achieved to date in the current 2018-2019 QOF year, meant they had already reached or were expected to meet the target percentages by the end of the current year in those areas they were previously an outlier in.

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)	22	23	95.7%	Met 95% WHO based target Significant Variation (positive)
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)	14	16	87.5%	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)	15	16	93.8%	Met 90% Minimum (no variation)
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)	15	16	93.8%	Met 90% Minimum (no variation)

Any additional evidence or comments

We saw that the practice nurse carried out regular searches to identify children who had missed their immunisations and contacted the parents to book appointments for the immunisations. For example, the search in July 2018 identified 19 children who had not received their pre- school booster and 15 of those now had appointments booked for the immunisation.

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)	63.7%	72.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.0%	68.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	49.2%	52.3%	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)	100.0%	61.8%	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)	55.6%	54.8%	51.6%	Comparable to other practices
<p>Any additional evidence or comments</p> <p>The practice nurse ran regular checks to identify patients who were overdue cervical screening. The practice sent letters to these patients and we were told that some patients who had not had a cervical screening test for over 20 years had attended. Staff also opportunistically booked appointments for those who were overdue the screening, for example when attending a health check.</p>				

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%	88.1%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	45.5% (5)	13.5%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	89.1%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.3% (3)	11.6%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	85.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.9%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	531	521	539
Overall QOF exception reporting	12.4%	5.7%	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>	95.8%	95.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (8)	0.8%	0.8%	

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23 cards and 3 letters.
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards and letters. Interviews with patients. Share your experience forms via CQC website.	<p>In addition to the 26 written items of feedback received on the day of our inspection, we also spoke with 15 patients and received 3 feedback forms via the CQC website. The feedback we received was overwhelmingly positive and very supportive of both the GP and the rest of the practice team.</p> <ul style="list-style-type: none"> • Patients commented that the whole team were efficient, friendly and supportive. • The GP and staff were described as thoughtful, caring, compassionate and understanding. • Patients also told us that all staff demonstrated empathy and compassion. • Patients commented that a pleasant and welcoming atmosphere was created in the practice and that the practice provided the best service they had ever received. <p>The comments were reflected in the numerous positive examples patients gave us about the care they received from the practice.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,161	246	56	22.76%	2.6%

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)	97.0%	77.6%	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)	100.0%	87.5%	88.8%	Variation (positive)
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)	94.5%	94.6%	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)	100.0%	84.2%	85.5%	Significant Variation (positive)
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)	98.3%	89.5%	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)	96.0%	88.7%	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.	Yes

Date of exercise	Summary of results
July 2018	Despite the positive results of the National GP Survey results the practice had carried out their own survey to consider the length of time patients waited in the surgery to see the GP and whether patients would prefer a shorter appointment if it meant a shorter wait. The results indicated that overall, patients preferred a longer wait to see the GP but have a few problems dealt with in the same appointment. Nevertheless, the practice had produced an action plan to try and reduce the waiting time for patients.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients. Comments cards Share your experience forms via CQC website.	In addition to the 26 written items of feedback received on the day of our inspection, we also spoke with 15 patients and received 3 feedback forms via the CQC website. The feedback we received was overwhelmingly positive about patients' involvement in decisions. Patients commented that they were given the time to get to the root of concerns and that they felt the GP listened to patients and took time to explain things and discuss options to ensure patients were involved in decision making.

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)	97.7%	85.0%	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)	96.0%	81.1%	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)	95.9%	89.4%	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)	98.3%	83.4%	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.	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	58 carers identified representing 2.54% of the practice population.
How the practice supports carers	<p>The practice recently appointed a member of staff to act as a carers champion.</p> <p>The carers champion has produced a guide for carers which contained a wealth of information about support available to carers. This was available in the practice and there were plans to make the information available on the practice website.</p> <p>Health checks were offered to carers.</p> <p>The carers champion had attended a young carers federation meeting and was looking at ways to identify young carers.</p>
How the practice supports recently bereaved patients	The GP contacted bereaved patients where appropriate to offer support. The practice manager told us that going forward they planned to send condolence cards to bereaved families and at the same time signpost them to relevant support agencies.

Any additional evidence
<p>The practice provided some information leaflets in different languages.</p> <p>The practice manager told us they were exploring the possibility of staff being trained in British Sign Language (BSL).</p> <p>The practice used picture based communication tools to communicate with patients with a learning disability if necessary.</p>

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	Reception staff told us there were private rooms available if patients were distressed or wanted to speak confidentially.

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
Practice manager Practice nurse	The practice manager and practice nurse gave examples of when patients had been spoken to in a private room to maintain privacy and dignity. The examples included a bereaved patient who was distressed.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 1.00pm
Friday	8.30am – 6.30pm

Appointments available	
	<p>GP: Walk in clinic every morning from 8.30am. Prebookable appointments from 4.00pm to 6.30pm Monday, Wednesday and Friday.</p> <p>Practice nurse and HCA appointments were also available on Tuesday afternoons.</p>
Extended hours opening	Not available.

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	
Housebound patients were able to ring the practice and the GP would ring them back to assess the urgency of their need to be seen and arrange a home visit. Other patients who requested a home visit were also called back by the GP to assess whether a home visit was necessary.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,161	246	56	22.76%	2.6%

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)	77.5%	79.8%	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)	100.0%	70.3%	70.9%	Variation (positive)
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)	90.7%	73.5%	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)	84.5%	70.9%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Interviews with patients. Comments cards Share your experience forms via CQC website.	In addition to the 26 written items of feedback received on the day of our inspection, we also spoke with 15 patients and received three feedback forms via the CQC website. All feedback was positive with patients commenting that they were happy with their access to the service as they had the choice of knowing they could see the GP on the same day if they used the open access system in a morning or could book an afternoon appointment if that suited them better. Some comments reflected that they often had to wait a long time once at the surgery to see the GP but felt it was worth it as they knew they would not be rushed and would have any number of issues addressed at one appointment. Comments also reflected that patients valued the flexibility of telephone consultations.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints

As a result of one complaint regarding dissatisfaction with the system for calls being returned by the practice the practice said they would review the patient data policy. This was updated in May 2018.

Any additional evidence

Well-led

Leadership capacity and capability

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

Since our last inspection a new practice manager with some relevant experience had been employed on a full-time basis. This had created a more stable team within the practice. The practice manager had led on introducing new or reviewing existing governance arrangements in order to improve the service. We had concerns that without an effective practice manager there was a risk that improvements would not be sustained.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice's statement of purpose stated that the practice vision was "To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations." We were told that the practice held a team away day in June 2018 to discuss models of teamwork, vision and values and future plans.

Culture

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

is dependent on the governance arrangements in the practice. Many of the governance arrangements are recently reviewed or introduced by the new practice manager and therefore need embedding before assurance can be gained that they are effective and reflected in the culture of the practice over a period of time in order to demonstrate a culture of high quality sustainable care.

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

Source	Feedback
Staff	Feel well supported by new practice manager and monthly one to one meetings very useful.
Staff	

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies we reviewed were regularly reviewed and practice specific.
Other examples	
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
Since taking up post in December 2017 the practice manager had reviewed all staff roles and issued job descriptions to ensure staff were clear about their roles and responsibilities.

Managing risks, issues and performance

Major incident planning	Y/N
The practice had a business continuity 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
No buddy practice identified in business continuity plan	New buddy practice now in place to allow continuity of service in an emergency.
Children missing childhood immunisations	The practice ran regular searches to identify children who had not been brought for immunisations and followed them up and rebooked appointments.

Any additional evidence

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	No

Any additional evidence
<p>We found that there had been an incident involving the police which should have been reported to the CQC. The practice manager was not aware that CQC should be notified and told us this would be actioned.</p> <p>A number of examples we found during our inspection identified a theme that patient records were not always updated appropriately following the receipt of incoming information to the practice.</p> <p>At our inspection in November 2017 over 300 patient records were not summarised and at this inspection we found over 150 of those records were still recorded as not having been summarised meaning appropriate and accurate information may not have been available.</p>

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice had a supportive participation group (PPG) and we spoke with some of the members on the day of inspection. They currently met every six months but the PPG told us they were going to meet quarterly going forward.</p> <p>We were told there was a patient forum available via social media and that patients could make comments through this channel. The PPG told us the practice were responsive to any comments made on this forum. This was also used as a means of providing health promotion information to patients.</p> <p>The practice manager told us there had been a recent PPG meeting which had been minuted and that developing PPG involvement was one of the practice's aims going forward.</p>

Any additional evidence

Continuous improvement and innovation

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

Audit area	Improvement
The practice carried out an audit to follow-up patients who had a level of HbA1c greater than 48: specifically, to find out whether	<p>The audit was carried out in August 2016 and repeated in September 2017 and July 2018.</p> <p>The first audit found that 8 patients with a level of HbA1c greater</p>

they had had (or arranged to have) a repeat test to confirm or rule out a diagnosis of diabetes to ensure patients were receiving appropriate care for the condition and ensure the practice were aware of all patients with diabetes.	than 48 did not have a diagnosis of diabetes (type 1 or 2). This led to one of the patients being diagnosed as diabetic following a repeat test and a further five requiring repeat tests. When the audit was carried out for a second time a further patient was identified as diabetic and on the third occasion, no further patients were identified.

Any additional evidence

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](#)).