

Care Quality Commission

Inspection Evidence Table

Daneshouse Medical Centre (1-3679487165)

Inspection date: 27 June 2018

Date of data download: 14 June 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	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
<p>Additional information:</p> <p>We reviewed two personnel files for staff recently employed by the practice. While evidence of DBS checks were recorded for both, these checks had been completed over 12 months previously for the two staff members, during their previous employment. The practice manager informed us during the visit that while the lead GP took responsibility for decisions around undertaking updated DBS checks for new staff, they believed both had subscribed to the DBS update service, meaning the checks would be transferrable to new employment. This was not clear from the documentation held on file by the practice and evidence was not provided confirming this was the case. The practice manager confirmed risk assessments had not been documented to record the rationale for not undertaking updated checks at the time of recruitment.</p>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: April 2018	Yes
There was a record of equipment calibration Date of last calibration: April 2018	Yes
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: September 2017	Yes
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment: October 2017	Yes
Health and safety risk assessment and actions Date of last assessment: October 2017	Yes
Additional comments: Up to date legionella risk assessments were in place (legionella is a term for a particular bacterium which can contaminate water systems in buildings), and we saw evidence the recommended control regime was being carried out. The practice also had up to date fixed electrical wiring and gas safety certificates.	

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit: October 2017	
The practice acted on any issues identified	Yes

Detail:

An IPC audit had been completed in October 2017, and although an action plan had not been documented following this we saw evidence that actions identified as a result had been completed, for example the provision of alcohol hand gel in all rooms.

The arrangements for managing waste and clinical specimens kept people safe?	Yes
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Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	No
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>We were told by staff at the practice they felt under pressure and that there were not enough staff for the practice to function effectively. We were told the practice was advertising to fill a vacant reception / administrative post at the time of our inspection. We saw the practice was experiencing difficulties with a high turnover of staff.</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 'no' answers:</p> <p>Staff told us of delays in patient documentation being scanned onto the patient record system to be accessed by clinicians. Staff told us of an example whereby the lead GP had instructed staff to inappropriately dispose of patient test results, without them being scanned onto the electronic record following an administrative delay in processing them. Staff recognised this should not be done and the results were retrieved from the confidential waste bin and scanned onto the patient record appropriately.</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.27	1.00	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)	2.5%	6.4%	8.9%	Significant Variation (positive)

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.	No
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	No
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
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers:	
We saw the practice utilised a computer software package to effectively monitor patients prescribed	

high risk medicines (for example, warfarin, methotrexate and lithium). However, we found evidence that patients prescribed other medicines were not being monitored appropriately. The practice lacked a systematic approach to recalling patients for any medication reviews required. Medication reviews were completed on an ad-hoc basis. Staff told us that the GPs would often complete medication reviews solely from a review of the patient record, with no contact being made with the patient to check if their symptoms had subsided or if they were experiencing any side-effects. We reviewed a sample of 10 patient records and identified four patients whose medication had not been reviewed appropriately or in a timely manner. Three of these patients required blood tests to monitor the effectiveness of their medication which had not been carried out.

We identified seven PGDs in the practice which had expired. We discussed this with the practice manager who checked the source website and confirmed that in six of the cases, updated versions had not been produced for practices to use. However, an updated PGD for tetanus, low dose diphtheria and inactivated polio had been produced to supersede the version held by the practice which had expired in February 2018. The practice manager printed out the updated version and appropriate clinical staff signed it during our visit. However, the practice staff had been unaware of the other expired PGDs until we brought them to their attention.

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	Partially
Number of events recorded since our previous inspection in December 2017.	Three
Number of events that required action	Three

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

Event	Specific action taken
Missed referral following receipt of an out of hours report (this incident was identified during our previous inspection in December 2017 and had subsequently been written up by the practice as a significant event).	The practice had updated the clinical system so that when an out of hours report was coded onto a patient's record, it automatically generated a task sent to the GP to bring the report to the clinician's attention. The practice then completed an audit to monitor the level to which out of hours reports were being appropriately coded onto the patient record system. The audit demonstrated over a four month period the practice improved appropriate coding of out of hours reports from 62% to 100%. We saw this significant event had been discussed during a staff meeting on 6 December 2017.
Document scanned onto incorrect patient record	Staff were reminded to be vigilant when attaching files to patient records. This incident was discussed with staff during a staff meeting on 16 May 2018.
Patient diagnosed with MRSA	The practice engaged in a serious incident investigation along with the clinical commissioning group, and a comprehensive action plan had been drawn up to update practice processes to mitigate against a repeat. We saw the practice had monitored progress against this action plan.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice manager circulated safety alerts received to clinicians as appropriate. We saw there was a system in place so that when a medicines safety alert was received, searches were run and action taken as required. The practice was highly reliant on support from the CCG's medicines management team for these actions to be completed, with limited ownership or knowledge of the process demonstrated by the GP provider.</p>	

Any additional evidence

While there was a documented system in place for identifying and recording incidents and significant events, we found evidence during our visit that this system was not fully embedded into practice or operating effectively. We were told of recent incidents which had not been formally recorded as significant events, nor learning identified or shared with the team. For example, we were told of an attempted inappropriate disposal of patient clinical records. We were also informed that there had been a prolonged period of supply issues for some travel vaccines due to inadequate systems within the practice around ordering and payment, resulting in patients not being able to receive them at the practice, and instead having to be sent to a chemist. Neither of these had been recorded or investigated as significant events.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.22	0.65	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)	56.4%	82.1%	79.5%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (14)	16.7%	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)	62.9%	81.8%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (17)	10.5%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	74.8%	82.8%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	5.6%	(18)	14.2%	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)	74.7%	77.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (7)	8.9%	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)	100.0%	92.4%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.8% (8)	10.8%	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)	69.1%	85.2%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (11)	4.6%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	100.0%	86.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	50.0% (3)	9.7%	8.2%	

Any additional evidence or comments

The practice shared with us its data from the 2017/18 QOF return, which was yet to be formally verified. This data indicated the practice had failed to improve on the 16/17 data indicating negative variation in some diabetes indicators. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 51% (compared to 56% in 16/17). The percentage of patients with diabetes, on the register in 2017/18, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 64.5% (compared to 62.9% in 2016/17).

The practice did however demonstrate it had improved its performance with hypertension; 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 was 100% for 2017/18, compared to 69.1% in 2016/17.

We spoke with the provider about the fact some of the practice's exception reporting was above local and national averages. We were told the newly recruited practice nurse was working to improve the practice's recall systems to maximise patients' opportunity to attend for review.

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)	45	55	81.8%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	57	59	96.6%	Met 95% WHO based target Significant Variation (positive)
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)	56	59	94.9%	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)	54	59	91.5%	Met 90% Minimum (no variation)

Any additional evidence or comments

The practice nurse was aware of the previous variation in uptake rates for childhood immunisation and vaccination. We were told how work was being undertaken to validate patient records to ensure accurate records were held around what vaccinations had been administered, and that a new recall system was being implemented in an effort to maximise attendance. The practice nurse had only recently been appointed to the post however, so this work was in its infancy at the time of inspection.

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)	61.2%	73.1%	72.1%	N/A
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.1%	68.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	21.4%	56.5%	54.6%	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)	75.0%	75.1%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	33.3%	53.6%	51.6%	N/A
Any additional evidence or comments <p>The practice had begun to proactively invite eligible patients by telephone to undertake bowel cancer screening. This had resulted in an increase in uptake from 21% in 2015/16 to 63% in 2016/17.</p> <p>The practice discussed unverified QOF results from 2017/18 which indicated it had improved its uptake for cervical screening to 81%, compared to the 79% recorded for this indicator in 2016/17.</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) <small>(QOF)</small>	92.0%	93.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (2)	13.7%	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) <small>(QOF)</small>	100.0%	91.9%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (1)	11.0%	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) <small>(QOF)</small>	83.3%	87.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.5%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	500	549	539
Overall QOF exception reporting	5.5%	6.7%	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) (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)	96.4%	95.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (5)	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff we spoke with demonstrated an awareness of the issues of consent and were able to describe appropriately the course of action they followed in order to ensure it was obtained and documented as required.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	15
Number of CQC comments received which were positive about the service	11 (one of which was from a staff member)
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	3

Examples of feedback received:

Source	Feedback
NHS Choices	<p>A total of four patient reviews had been left on the NHS Choices website since our previous inspection in December 2018. Of these four, three were negative about their experience at the surgery. The negative reviews described concerns regarding the manner of both clinical and non-clinical staff, with patients describing a dismissive attitude displayed by clinicians.</p> <p>The positive review explained how the patient felt they had received an excellent service and described staff as polite and helpful.</p>
Comment cards	<p>A number of the comment cards we received as part of the inspection process made reference to improvements made in the surgery over recent months. The three negative cards described poor care from the clinicians and acknowledged poor staffing levels placed pressure and strain on practice staff. The positive cards, one of which had been completed by a member of staff, described staff as caring and willing to take time to listen to patients.</p>
Patient interviews	<p>We spoke with four patients during our inspection visit. These patients were mostly positive about the care and treatment received, although they did express concerns around the availability of appointments in a timely manner. One patient expressed frustration at the difficulties experienced booking an appointment with a female GP. Two of the staff felt the practice needed more staff to offer an improved service to patients.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,223	377	61	16.18%	11.7%

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)	33.4%	78.5%	78.9%	Significant Variation (negative)
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)	58.2%	87.7%	88.8%	Significant Variation (negative)
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)	93.9%	95.5%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	60.3%	85.7%	85.5%	Variation (negative)
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)	82.3%	93.0%	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)	70.5%	92.6%	90.7%	Variation (negative)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<p>The practice shared with us an analysis of the patient responses to the friends and family test received since our previous inspection in December 2017. The write up indicated 14 patients had responded to the survey, with 7 patients stating they would be extremely likely to recommend the service to friends or family, two saying they would likely recommend the practice, one neither likely nor unlikely and a further two who said they did not know. Two patients did not state how likely they would be to recommend the practice, but left comments on their forms. Of the nine total comments left on the forms, six were positive, describing helpful and attentive staff. The other three were negative, describing dissatisfaction with the service and frustration with the practice's appointment system.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke to said they felt listened to and that they felt involved in decisions about their care and treatment.
Comment Cards	Three of the comment cards we received made explicit mention of how patients had felt listened to by staff during their visit to the practice.
NHS Choices	One patient review on the NHS Choices website described frustration at feeling 'fobbed off' when explaining their symptoms to the clinician.

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)	55.0%	85.6%	86.4%	Significant Variation (negative)
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)	41.8%	81.3%	82.0%	Significant Variation (negative)
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)	77.2%	92.0%	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)	74.4%	87.9%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 34 patients as carers (just over 1% of the practice patient population).
How the practice supports carers	The practice had recently invited Carers Link to deliver training to staff to raise awareness of the needs of these patients and a carers noticeboard was displayed in the waiting room to raise awareness amongst patients. Practice staff informed us the computer system alerted GPs if a patient was also a carer in order to facilitate staff signposting them to local support groups as necessary.
How the practice supports recently bereaved patients	The GP told us that if families had experienced bereavement, the GP contacted them to offer support as necessary. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice demonstrated awareness of the cultural expectations of the patient population following bereavement.

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	<p>All staff had completed training around information governance and had signed the practice's confidentiality agreement to document they understood the importance of maintaining patient confidentiality.</p> <p>We saw conversations at the reception desk took place away from the seating in the waiting area, and computer monitors were out of sight of the patients.</p> <p>Staff we spoke with were aware of the option to offer patients a private space to discuss sensitive issues.</p>

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients we spoke with told us they felt staff respected their privacy and dignity both when speaking to reception and administrative staff and clinicians.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30

Appointments available: Appointments with the GP were available between 9:30am and 11:40am each morning and between 3.30pm and 5:50pm each afternoon, apart from Wednesday afternoon when appointments start at 4pm. The practice telephone lines opened at 8:00am each weekday morning.

Extended hours opening: Extended hours appointments were also available between 6:30pm and 7.15pm each Monday and Tuesday evening.

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	
Home visit requests were taken by the reception team and passed on to be reviewed by the on-duty GP who would then undertake home visits as required. The receptionists we spoke to were aware of how to recognise 'red flag' symptoms in patients and how to manage these by signposting to more urgent means of accessing treatment as necessary.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,223	377	61	16.18%	11.7%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	64.7%	81.8%	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)	29.1%	71.5%	70.9%	Variation (negative)
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)	26.8%	73.8%	75.5%	Significant Variation (negative)
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)	35.2%	72.2%	72.7%	Variation (negative)

Any additional evidence or comments

By midday on the day of inspection, patients contacting the practice to request a routine pre-bookable appointment were being told none were available to book. Patients were being informed to call back in two days' time in an effort to secure appointments for a further seven days in the future once their embargo had been lifted.

The provider informed us they were aware of the continued difficulties experienced by patients accessing the service. They had been proactively promoting online access amongst patients in an effort to relieve pressure on the telephone lines. At the time of inspection, we were informed 13% of the practice's patient list were registered to use online access facilities.

The provider had also had a touch screen self-check-in system installed in the waiting area two weeks prior to our inspection. We were told it was hoped this would alleviate pressure on reception staff and facilitate phone calls being answered in a more timely manner. However, this self-check-in system was not working during the day of our inspection.

The provider had conducted a trial since our previous inspection in December and had for a period employed a locum advanced nurse practitioner. This had been felt to be a success, and the practice was advertising for a permanent advanced nurse practitioner at the time of inspection and was awaiting applications from candidates.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Two of the comments left by patients on the NHS choices website since our previous inspection in December 2017 made reference to difficulties contacting the practice or making an appointment.
Patient interviews	All four of the patients we spoke with during the inspection visit told us they experienced difficulties accessing the service when they needed an appointment. We were told it was often difficult to get through to the practice by telephone and there could be long waiting times for appointments to be available.
Comment cards	Two of the comment cards we received from patients made explicit reference to the lack of appointment availability.

Listening and learning from complaints received

Complaints	
Number of complaints received since our previous inspection in December 2017.	2
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:	
We reviewed both complaints received since our previous inspection in December. Both complaints included reference to difficulties accessing appointments at the practice. We saw the complaints had been responded to in a timely manner, with an apology offered as necessary. The practice explained to patients what actions were being put in place to ensure the issues were not repeated, although we saw no evidence these had been effective.	

Well-led

Leadership capacity and capability

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

The leadership from the provider was chaotic in nature and staff described the behaviour of the lead GP as at times erratic. The practice continued to experience a highly turbulent period with regards to staffing; there had been a turnover of staff since our previous inspection in December 2017 and we were made aware of further staff departures shortly after our current inspection visit. We were made aware of changes to staffing at the practice taking place at extremely short notice. Staff we spoke with expressed concerns regarding staffing levels and the impact this was having on services for patients.

Any additional evidence

Staff told us the GP provider had instructed them to inappropriately destroy patient documentation in the confidential waste bin, without it being first scanned onto the electronic patient record.

Vision and strategy

Practice Vision and values

The provider found it difficult to articulate a coherent vision for the future of the practice. The provider had previously been in discussions with another provider about a partnership agreement / takeover, but these talks had broken down and were no longer being pursued. The provider told us they hoped they would be able to enter into a partnership at the practice in the future, but was not clear about a strategy to achieve this.

Culture

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

There was limited evidence available to demonstrate the practice having a culture of high quality, sustainable care. The efforts made to improve quality had resulted in limited impact. Rather than proactively addressing issues, the GP provider attempted to implement reactive measures as incidents came to light.

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

Source	Feedback
Discussions with staff	Many staff we spoke with told us they did not feel supported in their role. They felt undermined if they raised issues or concerns and described a blame culture as being present at the practice. Working relationships in the organisation were strained.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We saw the practice had made improvements since its first inspection in April 2017 in compiling and implementing a suite of practice specific policies and procedures. However, the practice continued to have variable success at successfully embedding them into practice. Some, such as the complaints process had been embedded well, while others, like the incident reporting policy, were adhered to less stringently.
Significant event analysis	We saw evidence of varying degrees of learning implemented following incidents. We found evidence of two recent incidents that had not been acknowledged as significant events and analysed and discussed to maximise learning and improvement.
Meeting structure	The practice had implemented a formal meeting structure with regular internal meetings with the practice team to cascade information.
Quality improvement	The quality improvement work undertaken by the practice was yet to yield significant impact for patient outcomes. The provider demonstrated limited insight into future quality improvement plans.
Practice systems and processes	Staff told us of examples where failings in practice systems and processes had impacted negatively on patient care. For example, we were told of failings in the systems around stock ordering which had resulted in there being insufficient quantities of travel vaccines on site meaning the practice had needed to signpost patients elsewhere to receive them. We also again found PGDs which had expired, as we had done during our previous inspection.
Y/N	
Staff were able to describe the governance arrangements	No
Staff were clear on their roles and responsibilities	No

Any additional evidence
Staff we spoke with expressed some frustration around the clarity of the staffing structure; they told us the GP provider was not always clear which responsibilities were being delegated to whom. We saw evidence indicating one of the long-term locum GPs believed the practice's health care assistant was actually an advanced nurse practitioner and as such was unclear as to the roles and responsibilities they were able to perform.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Safe working conditions for staff	An external contractor had been commissioned to undertake a comprehensive risk assessment for this area; the outcome indicated that no mitigating actions were required.
Premises safety	A comprehensive fire risk assessment had been completed resulting in a detailed action plan being produced. We saw all actions had been completed appropriately.
Staffing levels	The practice had completed a staffing risk assessment prior to our previous inspection in December 2017, and at the time had been advertising to recruit additional administration staff to increase non-clinical capacity in the practice. However, difficulties with staff retention were offsetting efforts to increase capacity, meaning this risk had not adequately been addressed.

Appropriate and accurate information

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

Any additional evidence

Staff told us of delays in patient documentation being scanned onto the patient record system to be accessed by clinicians. Staff also told us of an instance where they had been instructed to dispose of patient test results in the confidential waste without them being scanned onto the patient electronic record system.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback

During the inspection we spoke with two patients who were also members of the patient participation group. They confirmed two meetings with the practice had been held since our previous inspection; the first attended by four patients, the second by two patients. They explained that during these meetings they had fed back to the practice regarding difficulties accessing appointments and the frustration experienced when contacting the practice by telephone to be told they would have to call back as no appointments were available to book. They described the practice representatives as receptive to their concerns, however they felt it too early to assess whether any changes implemented by the practice were effective.

Any additional evidence

The practice gathered feedback from staff through a programme of planned 1:1 appraisal meetings in addition to the regular team meetings held.

Patients told us via comment cards that the practice had responded to patient feedback; patients had said they would feel more comfortable with a practice nurse from a white British background. The patient confirmed the practice had taken this into account with the new part time locum practice nurse.

Continuous improvement and innovation

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

Audit area	Improvement
Glycaemic control in diabetic patients.	The practice identified two patients having HbA1c levels greater than 86mmol/mol (poor glycaemic control). The practice initiated more frequent review appointments for these patients in an effort to better control their condition. On re-audit, one patient's HbA1c level had reduced to 57mmol/mol and the other's to 81mmol/mol.
Antibiotics prescribed for urinary tract infections	This single cycle audit (completed in November 2017, prior to our previous inspection) identified learning points to improve the effective

	diagnosis and management of UTI.
NHS Health checks	Prior to our previous inspection in December 2017, the practice had recognised it had a low uptake for the NHS health checks offered. Practice staff began to offer these opportunistically. This resulted in the number of checks completed increasing from 7 (between September and October 2017) to 15 (between October and November 2017).

Any additional evidence

The GP provider informed us the practice had recently been visited by Manchester Medical school with a view to the practice taking on medical students in the near future.

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](#)).