

Care Quality Commission

Inspection Evidence Table

Dr Alan M Campion (1-487309808)

Inspection date: 26 June 2018

Date of data download: 25 June 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y*
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers: One clinical member of staff discussed two vulnerable patients and we saw evidence of information appropriate response to the concerns. However, the service did not have alerts on the system to highlight these potential vulnerabilities.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y*
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and	Y

pharmacists) was checked and regularly monitored.	
Staff who require medical indemnity insurance had it in place	Y
<p>Explanation of any answers:</p> <p>No references had been taken for the locum GP or nurse and there was no effective system in place for the practice to ensure these checks had been completed. These members of staff were taken on prior to the new practice manager being appointed.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 23 November 2017	Y
There was a record of equipment calibration Date of last calibration: 3 November 2017	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion November 2017	Y
Actions were identified and completed.	Y
Additional observations:	
Health and safety Premises/security risk assessment? Legionella risk assessment Date of last assessment: November 2017	Y
Health and safety risk assessment and actions Date of last assessment:	Y
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 21 June 2018</p> <p>The practice acted on any issues identified</p> <p>Detail: The practice action plan was in place to address concerns identified in the latest audit including replacing the sinks which were non-compliant with current guidelines. The practice had acted to reduce infection control risks since our last inspection. For example, the flooring in some of the consulting and treatment rooms had been replaced and was now in line with guidelines.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
<p>Explanation of any answers: The staff were able to outline precautions taken when handling specimens. Clinical waste was segregated appropriately.</p>	

Any additional evidence
<p>One member of non-clinical staff did not know who the practice infection control lead was.</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y*
Receptionists were aware of actions to take if they encountered a deteriorating or acutely	Y

unwell patient and had been given guidance on identifying such patients.	
In addition, there was a process in the practice for urgent clinician review of such patients.	
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y*
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y*
<p>Explanation of any answers:</p> <p>One member of non-clinical staff we spoke with was unable to tell us where the practice's emergency medicines were kept.</p> <p>Not all staff were aware of the location of the practice's paediatric pulse oximeter.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers:	

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)	0.68	0.63	0.98	Variation (positive)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	17.6%	8.3%	8.9%	Significant Variation (negative)

Medicines Management	Y/N
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The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y*
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y*
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>Staff at the practice informed us that the pharmacist would make any changes made to patient's medicines while in secondary care though there was no audit trail to support this. We were told by reception staff that there was a process in place to also review the practice prescription box and found that asthma medicines had been prescribed twice in June 2018. Neither prescription had been collected. Staff at the practice were not able to explain this.</p> <p>The practice provided evidence from the national practice profiles which demonstrated that in the last quarter of 2017 the percentage of Co-Amoxiclav, Cephalosporins and Quinolones had reduced and was now in line with national averages and that total antibiotic prescribing per 1000 patients was lower than the national average. However, an audit of patients prescribed antibiotics in the first quarter of 2018 indicated that prescribing was outside of guidelines. For example, there were instances of women</p>	

with urinary tract infections were prescribed cefalexin in pregnancy without a clear indication. The GP who prescribed these medicines said they were following local hospital guidelines but was unable to locate these. Another GP we spoke with provided a copy of the CCG guidelines which did not support the prescribing of cefalexin in pregnancy. There were several patients who had a raised prostate-specific antigen (PSA) where cephalosporin was prescribed to see if this would bring down higher PSA instead of referring the patient to a urologist for further investigation. The GP who prescribed the medicines for these patients said that this was based on Australian research from 2013 and supported by a urology professor. The GP provided an email from the urology professor which commended the practice on PSA screening but did not support the prescribing decisions of the GP. The GP told us their motivation for prescribing outside of guidelines was to reduce the number of unnecessary referrals.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y*
There was evidence of learning and dissemination of information	Y*
Number of events recorded in last 12 months.	6
Number of events that required action	1

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

Event	Specific action taken
Patient issued prescriptions for two anticoagulants in error.	All discharge letters would be reviewed by the clinical pharmacist so that any changes in medication could be reconciled with patients list of medications
Letter filed incorrectly as not requiring action	Patient written to and apology offered. Computer system changed to provide "action required" as default option for abnormal results. Clinicians now have to actively deselect if no further action/patient contact needed.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>There is a detailed log in place. We reviewed examples of action taken in response to prescribing of esmy and valproate and that systems were in place to re run a search for valproate.</p>	

Any additional evidence

Significant events – non- clinical staff on reception didn't know how to correctly document concerns.

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)	0.50	0.42	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)	80.5%	75.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (3)	6.6%	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)	90.7%	77.8%	78.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (2)	5.6%	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)	87.2%	82.1%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	2.0%	(3)	6.9%	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)	76.5%	77.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	1.1%	(2)	2.2%	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)	77.2%	92.0%	90.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	1.7%	(1)	5.0%	11.4%
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	87.1%	83.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	1.1%	(5)	2.6%	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)	88.9%	89.1%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	10.0%	(3)	8.5%	8.2%	
Any additional evidence or comments					
<p>Unverified data from 2017/18 showed that 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 was 88%.</p>					
<p>Data from 2016/17 showed that exception reporting was higher in a number of domains compared to the local and national average. For example:</p>					
<ul style="list-style-type: none">• The percentage of patients with dementia who had been exception reported was 31% compared with 12% in the CCG and 10% national. The practice provided unverified data which showed that they had not exception reported any patients with dementia in 2017/18• The percentage of patients with Osteoporosis was had been exception reported in 2016/17 was 50% compared with 7% in the CCG and 14% national. The practice provided unverified data which showed that they had exception reported only one patient in 2017/18 as this patient had started receiving treatment for osteoporosis six months before 31 March 2018 and therefore could be treated as an exception.					

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)	41	46	89.1%	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)	45	47	95.7%	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)	45	47	95.7%	Met 95% WHO based target Significant Variation (positive)

(01/04/2016 to 31/03/2017) (NHS England)				
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)	45	47	95.7%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

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)	55.4%	66.3%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	59.8%	61.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.4%	41.5%	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)	85.7%	73.9%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	62.5%	53.4%	51.6%	Comparable to other practices
Any additional evidence or comments				
The practice provided unverified QOF data which indicated that 74% of eligible women had been received cervical screening in 2017/18				

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)	86.5%	93.2%	90.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (1)	7.2%	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)	68.4%	91.5%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.4%	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)	87.5%	84.9%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.3% (4)	5.3%	6.8%	
Any additional evidence or comments				
The practice provided unverified QOF data for 2017/18 which showed that:				
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 97%				
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 was 97%.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539	532	539
Overall QOF exception reporting	2.5%	4.1%	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)	94.7%	95.0%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (5)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff were aware of consent legislation and guidelines and had received training on the mental capacity act.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	31
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Friends and Family	The practice provided the results from their friends and family test. In May 2018 88% of patient said they were likely or extremely likely to refer a friend or family member to the service.
Comment cards	All but one comment card was positive about the service provided and said that staff at the practice were kind and compassionate.
NHS Choices	Most of the comments posted on NHS choices within the last 12 months rated the practice 5 stars. The comments refer to the kindness and compassion displayed by practice staff as well as the high quality of care provided.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,793	372	107	28.76%	1.8%

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)	48.5%	75.6%	78.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or	74.8%	86.0%	88.8%	Variation (negative)

spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)				
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)	86.1%	94.9%	95.5%	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 treating them with care and concern (01/01/2017 to 31/03/2017)	63.0%	82.5%	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)	86.3%	85.3%	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)	84.5%	85.7%	90.7%	Comparable to other practices

Any additional evidence or comments

In response to the GP patient survey about feedback on GPs and nurses the practice had increased clinical staffing in the hope that this would ease pressure on staff and improve rapport and introduced telephone appointments to improve access and continuity. However, there was no evidence of engagement with patients to establish why these scores were below local and national averages.

In respect of feedback about reception staff and the experience making an appointment the practice had updated staff job descriptions with competencies that staff were expected to work to, trained reception staff to be social prescribing navigators, trained staff on customer service and set up reception meetings to improve learning and communication.

The practice had not conducted their own internal survey to ascertain if patient feedback had improved.

The results of the 2017/18 national patient survey were published after our inspection indicated improved satisfaction in relation to the compassion and kindness displayed to patients by staff in the practice. For example:

82% say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment compared to 83% in the CCG and 87% nationally.

80% say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment compared with 86% in the CCG and 89% nationally.

71% describe their overall experience of this GP practice as good compared to 79% in the CCG and 84% nationally.

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

Date of exercise	Summary of results
N/A	N/A

Any additional evidence

We were told by one of the GPs that they believed survey findings are static depending on population certain population rate a certain way. The GP told us they had reflected on complaints made at other services they worked at about their consulting style. The GP said they would like to have a mechanism to review their consultation style but did not know if they would have time to do this and they felt it might be difficult to change their approach.

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Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with said that staff made an effort to involve them about decision around their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	71.7%	83.2%	86.4%	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)	62.8%	77.4%	82.0%	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)	89.7%	84.7%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	79.0%	79.5%	85.4%	Comparable to other practices

Any additional evidence or comments

The national patient survey data for 2017/18 indicated that there had been an improvement in patient satisfaction related to staff involving patients in decisions around care and treatment. For example:

95% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment compared to 91% in the CCG and 93% nationally.

94% had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment compared with 95% in the CCG and 96% nationally.

82% felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment compared with 83% locally and 87% nationally.

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

Carers	Narrative
Percentage and number of carers identified	41 carers 0.7%
How the practice supports carers	The practice encouraged patients to self-identify. There was an LED screen in reception which prompted patients who acted as carers to inform reception who would provide them with information about flu and pneumococcal vaccines.
How the practice supports recently bereaved patients	We did not see any information about bereavement service in the waiting area. We were told that bereaved patients would be contacted and offered support.

Any additional evidence

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff told us that they would take calls in the back office where possible but that if they were in reception they would ensure that they did not disclose personal data when on calls. We did not hear reception discussing confidential patient information in the reception area.

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

Examples of specific feedback received:

Source	Feedback
Patient interviews and comment cards	No concerns were raised about privacy and dignity.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7.30 am – 8.00 pm
Tuesday	7.30 am – 8.00 pm
Wednesday	7.30 am – 6.30 pm
Thursday	7.30 am – 6.30 pm
Friday	7.30 am – 6.30 pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
All requests for home visits are entered onto the appointment system. GPs have catch-up slots every third appointment where the GP would call the patient back to assess if a home visit was necessary. Reception would take sufficient notes to enable the GP to assess the urgency of the request.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,793	372	107	28.76%	1.8%

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)	65.1%	77.5%	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	62.9%	75.3%	70.9%	Comparable to other practices

31/03/2017)				
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)	56.0%	73.4%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	45.8%	70.1%	72.7%	Variation (negative)
Any additional evidence or comments – <p>The practice had upgraded the telephone systems in response to low national patient survey scores around access, extended their opening hours and introduced a rule where staff had to answer calls after five rings.</p> <p>Since our last inspection the practice had increased the hours of the healthcare assistant, received support from a pharmacist part time and introduced an e-consultation service.</p> <p>However, the practice had not undertaken their own survey subsequently to assess the impact of this work on patient perceptions around access.</p> <p>The national GP survey data for 2017/18 which was published after our inspection visit showed that showed that satisfaction related to questions around access remained below local and national averages.</p> <p>45% are satisfied with the general practice appointment times available compared with 61% in the CCG and 66% nationally.</p> <p>66% were satisfied with the type of appointment they were offered compared with 66% in the CCG and 74% nationally.</p> <p>55% described their experience of making an appointment as good compared with 62% in the CCG and 69% nationally</p> <p>73% find it easy to get through to this GP practice by phone compared with 73% in the CCG and 70% nationally.</p>				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The providers rating on NHS choices was 4 out of 5 overall and 3.5 in respect of access to appointments based on 73 votes. Of the comments left on NHS choices

	in the last 12 months most were five stars and contained no negative feedback about access.
Patient interviews	The patients we spoke with said that they could access appointments easily and that they would have to wait a maximum of 10 days for a routine appointment
Staff interview	Staff told us that it could take between two and four weeks for a routine appointment to become available
Review of appointment system	The appointment system showed that the next available routine appointment was on 2 July 2018, the next on the day appointment was 27 June 2018 and there was an appointment slot at 11.30 am on 26 June 2018 or staff to deal with any urgent appointments.
Comment cards	31 comment cards. None of the cards expressed concerns about accessing care and treatment.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	Y
Number of complaints referred to the Parliamentary and Health Service Ombudsman	N
Additional comments:	
N/A	

Example of how quality has improved in response to complaints
<p>In response to a recent complaint the practice now asks patients if they would like to see a copy of information the patient has requested to be shared with third parties prior to sharing this information.</p> <p>As a result of another complaint the practice now has a system to issue patients who have not attended medication reviews with a prescription for a short course so that patients are not left without medication while they wait for an appointment for their review.</p>

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Any additional evidence

Well-led

Leadership capacity and capability

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

The practice had worked to address concerns identified at the last inspection. They had received managerial support from the federation and had recruited a practice manager. In addition, the practice had support from a pharmacist and the healthcare assistant was working additional hours. The practice was planning on converting to a partnership and taking in additional managerial support. During the time since the last inspection the practice, with support of an interim practice manager, produced a comprehensive action plan in respect of national performance targets and benchmarking. Unverified data from 2017/18 indicated significant improvement from the previous year.

However, there were some areas where leadership was lacking, not yet embedded or not yet effective. For instance, there was no evidence references had not been taken for two members of clinical staff appointed since our last inspection. We were told by the practice manager that these staff members had been recruited prior to their appointment. We reviewed uncollected prescriptions and found that two prescriptions for the same patient had been issued. Staff at the practice were unable to provide adequate explanation as to why the second prescription was issued. Not all staff were aware of the person who acted as the lead for infection control and alerts were not used by all staff flag adult safeguarding concerns.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice's mission statement:

To welcome, to listen, to heal

Culture

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

Source	Feedback
Staff Interviews	All staff spoken to were positive about working at the practice. Some said they felt that there had been an improvement at the practice since our last inspection.

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	The practice had developed a comprehensive policy framework since our last inspection. There were some areas where processes were not fully embedded for example: some staff did not know the correct method for reporting and documenting significant events. One member of staff did not know the location of the practice's emergency medicines and another did not know the infection control lead. Some recruitment checks had not been completed.
Meetings and sharing information	Since our last inspection the practice held regular meetings to discuss clinical performance and learn and develop actions in response to significant events and complaints.
Y/N	
Staff were able to describe the governance arrangements	N* see above
Staff were clear on their roles and responsibilities	N* see above

Any additional evidence

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection control audit	The practice had a comprehensive action plan in place stemming from this audit
Legionella	A risk assessment had been completed and temperatures were being monitored as recommended.

Any additional evidence
Not all staff were aware of the location of the practice's pulse oximeter.

Appropriate and accurate information

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

Any additional evidence
The practice had reviewed information related to their clinical performance and had devised a strategy for improvement. Unverified data for 2017/18 indicated improvement in clinical performance and a reduction in levels of antibiotic prescribing. Yet we saw examples where antibiotic prescribing deviated from local and national guidelines and no clear evidence which supported these decisions.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The patient participation group provided positive feedback regarding their work with the practice. They told us that they would discuss compliant themes and were encouraged to submit ideas for improvement. For example, we were told that the practice had made improvements in response to dissatisfaction with telephone access.</p> <p>In response to concerns raised by patients and the PPG about the number of appointments where patients failed to attend the practice implemented a cancellation list to reduce the number of appointments that were wasted.</p> <p>The practice had improved the displays of health information in the reception area in response to feedback from the PPG.</p> <p>The practice also hosted a number of health education events for patients and the PPG on various health topics including skin ailments and children's dental health.</p> <p>In response to feedback from staff the practice had created a formalised system for the handover of administrative work.</p>

Any additional evidence
n/a

Continuous improvement and innovation

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

Audit area	Improvement
Asthma audit	<p>The practice created an action plan in response to findings from the initial cycle. A new letter was created explaining why annual asthma reviews were essential and attached this to inhaler prescriptions for patients due a review in order to encourage them to book early. The practice also created a letter for a “virtual review” for patients who were stable this was also attached to prescriptions and allowed patients to answer questions for an asthma review. This enabled the practice to prioritise reviews for the most severe cases.</p> <p>As a result of the action taken the percentage of patients with asthma who had a personalised asthma action plan increased from 68% to 72%.</p> <p>The percentage of patients with asthma who smoked who had received brief smoking cessation advice increased from 23% to 28%.</p> <p>The percentage of patients with asthma who had had an inhaler technique check in the last 12 months increased from 25% to 42%.</p>
No other two cycle audits showing quality improvement	

Any additional evidence
<p>The practice had developed a safeguarding protocol for children who failed to attend appointments at the practice.</p> <p>The practice was undertaking screening to identify patient who had raised prostate-specific antigen (PSA) who may be at risk of prostate cancer. We saw evidence that the practice had been commended by a urology professor for undertaking this screening. The number of newly diagnosed prostate cancer cases increased from 1 to 18 over the last three years.</p> <p>The practice nurse had introduced relaxation sessions which aimed to relax patients who had anxieties about invasive procedures stemming from previous trauma. This involved playing relaxing music, using breathing techniques and giving patients equipment that they could practice with so they knew what to expect when they attended for certain examinations or procedures.</p>

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](#)).