

Care Quality Commission

Inspection Evidence Table

North Beverley Medical Centre (1-540674361)

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 were lead members 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)	Partial
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 comments:</p> <p>Clinical staff told us they had completed safeguarding training however there was no evidence of training for the GPs and evidence for only three of the five nurses and phlebotomists. There was evidence of safeguarding training for non-clinical staff. Staff had a good understanding of safeguarding issues and could describe what action they would take if they suspected a child or vulnerable adult was being abused.</p> <p>The practice took a proactive approach to safeguarding. Details of children that 'did not attend' for appointments at the practice or hospital were followed up with the health visitor and/or school nurses. There was a safeguarding log and vulnerable patients were discussed at the weekly practice clinical meetings.</p>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>We saw that required recruitment checks had been carried out however, paper copies of identification checks had not been kept and there was no detailed record of a verbal reference that had been obtained.</p> <p>A group medical indemnity insurance was in place for all GPs and nurses.</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: 14 August 2017	Yes
There was a record of equipment calibration Date of last calibration: 27 September 2017	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 – 10 January 2018	Yes
Fire drills and logs – 25 June 2018	Yes
Fire alarm checks – 17 January 2018	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion - 9 April 2018	Yes
Actions were identified and completed. No actions required	Yes
Additional observations: Gas safety check completed on 18 April 2018	
Health and safety Premises/security risk assessment? Date of last assessment: 3 May 2018- no actions required	Yes
Health and safety risk assessment and actions Date of last assessment: 30 May 2018 – no actions required	Yes
Additional comments: A health and safety audit had been completed on 3 May 2018. Monthly 'health and safety walk rounds' were completed. We saw evidence that the security alarm was serviced in May 2017 and the roller shutters had been serviced in February 2017. Fire safety walks were done quarterly.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 25 April 2018 The practice acted on any issues identified - Yes	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: The room where blood tests were routinely carried out was carpeted and there was a fabric chair. The carpet and chair were clean and there was no malodour. Carpets and chairs were cleaned regularly and we saw they were due to be cleaned on 30 June 2018. We observed two areas where floor seals needed attention.	

Any additional evidence
<p>We saw comprehensive infection control policies and procedures were in place and staff demonstrated good knowledge of these. One of the practice nurses was the infection prevention and control lead (IPC). Staff demonstrated a good understanding of IPC issues and what their responsibilities were.</p> <p>Cleaning schedules were in place for all areas and records showed that cleaning had been carried out at required intervals.</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Additional comments:</p> <p>A sepsis policy was in place including risk tools for children under five, children and young people and adults. Sepsis guidance was available in reception, administration offices and clinical rooms, however there was no information on sepsis in the waiting area for patients.</p>	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	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

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)	0.95	1.08	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)	11.9%	6.2%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
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
Additional comments: The practice used 'data loggers' in the medicines refrigerators to assist staff in identifying if there were any issues with the temperatures over a 24 hour period. The upper limit for temperatures was 8	

degrees, we saw that the data logger print outs on some occasions showed a spike in temperature between 8.5 to 9 degrees for very short periods of time. There was no named member of staff responsible for reviewing the printouts from the data loggers. We discussed this with the practice manager and they were going to address this.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	31
Number of events that required action	31

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

Event	Specific action taken
Letters were filed in the wrong patient's records during a new patient registration process.	Incident was discussed with team and reminded to complete required checks when adding information to patient records. Staff were given protected time to do complex tasks.
Dose of insulin for a patient in respite care was incorrectly understood. The patient queried the dose as there was confusion over whether it should have been 15 or 50.	Medication requests would not be taken over the phone.
A child was given medication and developed a rash. A staff member informed the GP via a task message on the clinical system. The GP did not see the message until after the weekend.	Incident was discussed with the staff member to check if GPs are available to respond to urgent task messages and if not to re-allocate to another GP. Action was implemented to ensure that all tasks relating to children would be marked to be dealt with on the same day.

Any additional evidence

The significant event records we reviewed did not always include all the information that would enable to practice to fully understand patterns and trends that may be occurring. For example, names of staff involved, time of incidents or staffing levels. We saw letters that had been sent to patients or parents explaining what the practice had done to investigate incidents and the learning and actions taken to minimise the risk of a recurrence.

A list of significant events had been identified for discussion at a review meeting on 3 July 2018.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Alerts were sent to staff via the practice's document management system. The person responsible for actioning the alert would be highlighted and once actions had been completed they recorded this on the reporting form which was returned to the practice management team.	

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)	1.04	0.85	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)	73.0%	83.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (8)	12.5%	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)	68.7%	79.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (9)	9.8%	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)	75.7%	81.2%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	6.2%	(18)	15.6%	13.3%	
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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)	69.7%	77.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (11)	8.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.0%	90.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (6)	12.8%	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)	79.4%	85.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (15)	4.8%	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)	85.4%	88.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (7)	9.5%	8.2%	

Any additional evidence or comments

The practice was aware its performance for diabetes indicators could be improved and had developed an action plan to address this. Actions included weekly meetings with the lead GP and diabetic nurse, completing an audit of patients whose diabetes was poorly controlled and more regular reviews for poorly controlled patients.

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)	47	47	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	43	43	100.0%	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)	43	43	100.0%	Met 95% WHO based target Significant Variation (positive)
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)	43	43	100.0%	Met 95% WHO based target Significant Variation (positive)

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)	81.2%	78.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	86.2%	79.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	68.0%	63.1%	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)	73.3%	71.3%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	61.5%	52.2%	51.6%	Comparable to other practices

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	93.2%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.0% (2)	19.4%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	92.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (1)	16.4%	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)	88.9%	85.0%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (5)	8.0%	6.8%	
Any additional evidence or comments				
One of the health care assistants carried out dementia assessments and if results indicated a referral was required to a specialist this was arranged by the GPs.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539	547	539
Overall QOF exception reporting	3.0%	5.9%	5.7%
Any additional evidence or comments QOF is a system intended to improve the quality of general practice and reward good practice.			

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)	92.2%	95.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (9)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There were systems in place for recording both for written and verbal consent when appropriate. There was a consent protocol and staff could describe how they obtained consent in line with relevant guidance.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	23
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards and questionnaires and NHS Choices	<p>We received 23 completed comment cards and 25 questionnaires that patients completed during the inspection. Feedback on the comment cards and questionnaires was very positive about the service. Patients said the staff were friendly, professional, caring and supportive. Feedback on 4 of the 23 comment cards described the care and service received as excellent.</p> <p>The NHS choices website shows three comments had been posted since March 2017, all were very positive. The practice manager had responded to all the comments.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,551	220	113	51.36%	2%

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)	96.1%	85.4%	78.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	96.9%	91.2%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	97.9%	97.2%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	92.1%	88.7%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	93.8%	93.9%	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)	95.5%	93.0%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
Practice patient survey – April 2018	Forty-seven patients responded to the practice survey, 33 said the service was excellent and 16 said it was good. Results showed patients could get an appointment when they needed one and they found staff helpful.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient questionnaires	We received 25 completed questionnaires that patients completed during the inspection. Feedback on the questionnaires showed patients were given explanations about their care and treatment and felt involved in decisions about their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	93.9%	89.0%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	90.3%	84.7%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	88.0%	92.3%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	90.9%	86.5%	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 70 patients as carers, this had increased by 58 in the past 12 months. This was 1% of the practice population.
How the practice supports carers	<p>Patients were asked on registration and when they attended for appointments if they were a carer. Information on local and national carers associations was available in the waiting area and on the practice website.</p> <p>Carers were flagged on the clinical system to make all staff aware so timely appointments could be offered and additional services for example, flu vaccinations. Eight carers had attended for a health check since April 2018 and the practice was continuing to invite carers for health checks.</p> <p>Staff signposted patients to local services and voluntary organisations. The practice was taking part in the sign posting 'care navigation' scheme. This involved staff being trained to support patients to access care and support from local statutory and voluntary organisations.</p>
How the practice supports recently bereaved patients	<p>Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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.</p> <p>Information on local and national bereavement support was available in the waiting area.</p>

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Receptionists kept information requested to a minimum to assist in maintaining confidentiality. There was an office behind the reception desk where receptionists and administration staff could deal with phone calls.

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

Any additional evidence
A member of the PPG told us they had observed the practice manager coming to the waiting room and taking a patient into a room to talk to them.

Examples of specific feedback received:

Source	Feedback
Patient questionnaires and comments cards	We received 25 completed questionnaires and 23 comments cards that patients completed during the inspection. Feedback showed patients were treated with dignity and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm

Appointments available	
Monday	8.30am and 11.30am and 2.30pm and 5.20pm
Tuesday	8.30am and 11.30am and 2.30pm and 5.20pm
Wednesday	8.30am and 11.30am and 2.30pm and 5.20pm
Thursday	8.30am and 11.30am and 2.30pm and 5.20pm
Friday	8.30am and 11.30am and 2.30pm and 5.20pm
Extended hours opening	
The practice opened until 8pm on Tuesdays with appointments available until 7.30pm. Appointments for blood tests were available from 8.10am.	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for home visits were received via the telephone between 8am and 10am. Requests received after 10am were referred to a GP. All requests for home visits were triaged by a GP and recorded on the clinical system. The GP would determine if the visit was clinically necessary.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,551	220	113	51.36%	2%

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)	85.4%	79.7%	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)	72.9%	68.4%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	79.9%	76.9%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	84.6%	74.0%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient questionnaires and comments cards	<p>We received 25 completed questionnaires and 23 comments cards that patients completed during the inspection. Feedback showed patients were able to get appointments when they needed one. Five patients said it could be difficult sometimes to get an appointment.</p> <p>One parent told us their child had been seen before the start of a morning surgery as they were having a flare up of asthma. They were also given an appointment for the same evening for the child to be reviewed.</p>

Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	Nil
Additional comments:	
Complaints were investigated and when required findings were shared with other organisations.	

Example of how quality has improved in response to complaints
Following one complaint the practice was going to develop a plan to manage similar issues if they re-occurred.

Any additional evidence
The complaints response letters did not include the details of the Parliamentary Ombudsman (the organisation people would contact if they were not happy with the outcome of the complaint investigation). Complaints leaflets were available in the waiting room and they contained details of the ombudsman. However, patients may have used the leaflet to record their complaint on and then would no longer have the ombudsman's details. We discussed this with the practice manager during the inspection and they were going to include the Parliamentary Ombudsman details in all response letters.

Well-led

Leadership capacity and capability

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

The GPs and practice manager demonstrated a good understanding of their practice population and the needs of the population in the areas they provided services to.

The practice had employed a deputy practice manager who was managing and leading the administration staff in the practice. This had enabled the practice manager to concentrate on the strategic plans and development of the practice.

The practice was supporting the deputy practice manager to complete a Masters Degree in Business Administration.

Vision and strategy

Practice Vision and values

A mission statement had been developed and was displayed in the staff areas.

The practice had a clear vision and strategy in place. They recognised the need to look at other ways of working, for example, 'working at scale'. They worked in partnership with other organisations such as the local GP Federation and the CCG locality group, a GP practice cluster group which worked together to improve outcomes for people living in local area.

Culture

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

Staff described the culture within the practice as inclusive, open and friendly. They also spoke very positively about the effective team working within the practice.

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

Source	Feedback
Staff questionnaires and interviews	Staff told us they were a good team that worked well together and they were very well supported by management. They said the GPs, practice manager and deputy practice manager were approachable, helpful and willing to listen. Staff told us they went to social events as a group for example at Christmas and for coffee.
Staff interviews	The nurses had protected time each week for peer supervision and other tasks.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was a comprehensive range of policies and procedures in place.
Other examples	<p>The practice had a clear strategy in place, which detailed plans for the future of the practice.</p> <p>There were clear roles and responsibilities with staff taking lead roles. GP and nurse leads had been identified for different areas of practice, for example, information governance, safeguarding and infection control. GPs had also taken the lead for specific areas of clinical care, for example, diabetes, mental health and dementia.</p> <p>Some staff had completed their required training, however not all staff were up to date with mandatory training. The practice was aware of this and there was a plan in place for all training to be updated by September 2018.</p> <p>Staff had had annual appraisals where performance, future objectives and training needs were discussed.</p> <p>A range of meetings, including clinical meetings, were held regularly for the different staff groups where governance issues were discussed.</p> <p>There was as strong focus on clinical audit.</p> <p>Within the CCG area there was good sharing of information, looking at best practice which ensured better outcomes for patients.</p> <p>Clinicians undertook regular updates and worked within the current guidelines for example, NICE.</p>
Y/N	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Complaints	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
Emergency lights needed replacing.	When the service was carried out on the emergency lights it was recommended that they be replaced, this was in progress

Legionella (bacteria that can be found in water)	The practice did weekly flushing of taps that were not used regularly to minimise the risk of legionella bacteria building up in the water systems.
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Appropriate and accurate information

Question	Y/N
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Any additional evidence
CQC had received the required notifications when GPs partners had left or joined the practice.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>There was an active Patient Participation Group (PPG) with eight patients regularly attending meetings, one of the patients was the PPG Chair. Members told us that over time the relationship between the practice and the group had developed in a positive way and their views and opinions were listened to and valued by the practice.</p> <p>There were examples of several suggestions that the PPG had made that had resulted in changes at the practice. Examples included, the group was going to take over arrangements for organising leaflets and information in the waiting area. They had been involved in developing the patient survey and were starting to contribute to the practice newsletter and they had facilitated the practice becoming dementia friendly.</p> <p>One of the PPG members was working with Health Watch to design an information card that voluntary groups could give to vulnerable people. This would include information to make them aware of their rights and services they were entitled to.</p> <p>We saw PPG meeting minutes which showed that the practice shared information on practice performance and current local health issues.</p>

Any additional evidence
As part of the practice survey patients were asked to indicate from a list of services which ones they would like to see introduced at the practice in the future and to add any others that they would like to see provided at the practice.

Continuous improvement and innovation

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

Audit area	Improvement
Patients with asthma	The audit was undertaken to look at how many patients with asthma

receiving beta blocker therapy.	taking beta blocker medication could have their medication changed to a safer alternative. In June 2017 22 patients with asthma were taking beta blockers. The patients were called in for review or opportunistically counselled regarding the safety concerns with their medication. In June 2018 five patients with asthma remained on beta blocker medication – two were under specialist care and the other patients were aware of the safety concerns and were being monitored.
Contraceptive implants	The audit was undertaken to check how many patients were requesting early removal of the implants. The audit showed that since 2011 of 42 patients 12 had requested early removal. The GP had changed practice and was now using the family planning clinic consent form which gave good explanations about the implants and possible side effects and treatment. There had already been an increased uptake of medication to reduce one of the side effects since the introduction of the new consent form. The audit was to be repeated in 12 months' time to monitor further improvement.

Any additional evidence

The deputy practice manager was leading an improvement project called the 'Productive General Practice'. This was a tool which enabled the practice to review different aspects of their systems and how they worked to see how they could be changed to improve outcomes for patients and staff.

One area that the practice had reviewed was how it dealt with correspondence and test results. This had freed up time for clinical and administration staff and minimised the risk that actions required from test results or hospital letters would be missed.

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](#)).