

# Care Quality Commission

## Inspection Evidence Table

### Fitzalan Medical Group (1-559739083)

Inspection date: 07/08/2018 – 08/08/2018

Date of data download: 24 July 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	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

### Any additional evidence

The practice had introduced a new protocol for when children did not attend appointments. A code was added to the clinical record which was distinct from the standard "did not attend" code enabling the practice to differentiate between adults not attending appointments and children not being brought to appointment. This protocol enabled the practice to identify two children who required safeguarding referrals. Staff members we spoke with confirmed the introduction of this new approach and demonstrated how it was used to raise concerns.

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>Clinical staff vaccination records we viewed did not demonstrate that staff were vaccinated in line with current PHE guidance.</p> <p>We reviewed three locum GP recruitment files and found that two of the files did not contain references. In addition, one of the files also did not contain evidence of a DBS check or that qualifications and registration had been checked.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:</p>	<p>Yes 27/02/18</p>
<p>There was a record of equipment calibration Date of last calibration:</p>	<p>Yes 27/02/18</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Partial</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Partial</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment Fitzalan Road Date of completion</p>	<p>Yes 03/04/18</p>
<p>Fire risk assessment Wick Surgery Date of completion</p>	<p>Yes 27/07/18</p>
<p>Actions were identified and completed.</p> <p>Actions had been identified but not completed within a required timeframe. For example, 23 emergency lighting units were identified as non-functional in April 2018 but had not been replaced. These actions were determined by the risk assessment to be medium risk and required completion within three months.</p>	
<p><b>Health and safety</b> Premises/security risk assessment? Date of last assessment:</p>	<p>Partial 06/08/18</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>No</p>
<p>Additional comments:</p> <p>There was no risk assessment in place for use of a sphygmomanometer containing mercury. We observed a mercury sphygmomanometer was in use at Wick Surgery and there was no spillage kit in place to deal with any accidental leakage.</p> <p>Since the inspection the practice have provided evidence that a contractor has been booked to replace the faulty lighting units.</p> <p>There was no evidence of checks of the batteries in the battery-operated smoke alarms at the Wick Surgery and staff we spoke with told us that the smoke detectors had not been checked. Before the</p>	

end of the inspection the practice showed us a log sheet they had prepared to log smoke detector checks going forward with the first check recorded. Since the inspection the practice have provided evidence that a contractor has been booked to replace the smoke alarms with mains powered alarms.

There was no evidence that a comprehensive health and safety or premises/security risk assessment had been carried out. A basic health and safety checklist was used to complete monthly checks. The GP partners told us that they plan to use an external professional support company to undertake risk assessment in the future. We saw evidence that a meeting was booked with the external company for 20August 2018 however at the time of inspection there was no contract or agreement to provide services in place.

No risk assessments had been carried out for lone working at Wick Surgery. Staff told us that lone working did occur at Wick Surgery and gave us examples. The leaders told us there was no lone working at Wick Surgery.

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>For example; material curtains were removed from consulting rooms and where required for privacy frosting was applied to the windows.</p>	<p>Yes</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Any additional evidence
<p>We observed two sharps safes at Wick Surgery that had been in use longer than the three months recommended in best practice guidance. One sharps safe had been in use since the 18 December 2017, one since 29 January 2018.</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.	No
Risk management plans were developed in line with national guidance.	No
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>Reception staff had access to quick access guidelines for identifying acutely ill patients, such as those with sepsis.</p> <p>There was no evidence of prioritisation of outstanding long term condition reviews. We reviewed care records and found that not all patients with long term conditions or experiencing poor mental health had appropriate care plans in place.</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)	0.87	0.96	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)	10.3%	10.3%	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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Partial
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	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.	Partial

Explanation of any answers:

The practice had processes for the monitoring of acute and repeat prescribing for medicines including those of high risk. However, when we reviewed 28 clinical records the records indicated limited patient involvement and patients with long term conditions not being followed up.

The practice GPs were aware that their prescribing of hypnotic medicines and other medicines prone to abuse including controlled drugs was within the expected range. However, other than individual patient reviews, they were unable to describe any audits or oversight of the prescribing of these medicines. Since the inspection the practice have provided evidence of an audit carried out on 20 August 2018.

Medicines requiring refrigeration were stored and transported securely and maintained within the manufacturers recommended temperature range. Medicines stored at below 25 degrees centigrade were stored securely. However, during the inspection we identified one storage area had reached 33 degrees centigrade and this had not been identified by the practice's temperature monitoring process. When we raised our concerns with staff, they took immediate steps to resolve our concerns.



## 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 since inspection in December 2017.	18
Number of events that required action	16

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

Event	Specific action taken
Two prescriptions for an acute medicine were issued to the same patient on the same day	Practice amended policy that states any prescription that is reissued must have a reason recorded on the clinical record. Also the practice introduced a dedicated prescription query appointment for the triage team. The practice concluded that this required no further review, there was no plan to audit or spot check records to ensure that the amended policy was being followed.
Letter received from A&E suggesting that a patient had been inappropriately signposted to A&E by the practice reception team.	A GP conducted signposting training with reception staff. The practice record stated this should be reviewed in three months. At the time of our inspection it was four months since this event was discussed and there was no record of the three month review having taken place.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Alerts received by two members of staff via email and disseminated to staff as appropriate. A log of alerts was maintained and we were given an example of a recent alert regarding the heatwave. The log did not contain details of actions taken, which members of staff have taken action or dates that actions were taken or the alerts were deemed to have been closed.</p>	

# 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)	0.83	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)	90.6%	83.8%	79.5%	Variation (positive)
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	32.6% (346)	16.6%	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)	70.5%	77.6%	78.1%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.5% (218)	14.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	81.0%	80.3%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	29.1%	(309)	20.3%	13.3%

**Any additional evidence or comments**

The practice exception reporting rates were higher than both CCG and England rates, more than twice the England average for some indicators.

Unpublished data provided by the practice indicated that the exception reporting rate for 2017/18 was similar.

When we asked the lead GPs they were unaware of their high exception reporting rates and unable to explain them. We observed two patients that had been asked to come in for reviews being told by reception staff that there were currently no appointments available for diabetic reviews. The receptionist advised that they would contact the patients once appointments were available but did not provide the patient with any indication of how long that might be.

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)	63.2%	71.6%	76.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.5% (350)	15.8%	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)	67.7%	84.0%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.1% (64)	17.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	81.5%	81.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.6% (439)	6.7%	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)	79.7%	86.0%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (20)	8.4%	8.2%	

**Any additional evidence or comments**

The practice exception reporting rates were higher than CCG and England rates for most indicators, more than three times the England average rate for one indicator.

Unpublished data provided by the practice indicated that the exception reporting rate for 2017/18 was similar.

When we asked the lead GPs they were unaware of their high exception reporting rates and unable to explain them. The practice did tell us that in the last six months they have not had enough availability of nursing appointments for respiratory reviews. Two patients also told us that they were not able to book appointments for respiratory reviews.

## 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)	176	192	91.7%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	168	181	92.8%	Met 90% Minimum (no variation)
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)	167	181	92.3%	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)	166	181	91.7%	Met 90% Minimum (no variation)

## Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	66.5%	74.0%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.5%	72.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	50.2%	61.2%	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)	55.3%	66.0%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	55.7%	52.4%	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)	48.1%	82.5%	90.3%	Significant Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.7% (74)	21.7%	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) (QoF)	55.7%	85.1%	90.7%	Significant Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.0% (60)	16.6%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	47.4%	80.9%	83.7%	Significant Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.2% (48)	10.4%	6.8%	

**Any additional evidence or comments**

QoF performance for patients experiencing poor mental health was significantly worse for all three indicators in this table. The practice exception reporting rates were higher than CCG and England rates for all of these indicators, more than three times the England average rate for all three indicators in this table.

Unpublished data provided by the practice indicated that the exception reporting rate for 2017/18 was similar.

When we asked the lead GPs they were unaware of their poor QoF performance and high exception reporting rates and unable to explain them. The lead GPs were unable to provide evidence of other ways or performance monitoring that demonstrated they were supporting patients experiencing poor mental health.

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	465	535	539
Overall QOF exception reporting	11.8%	7.2%	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

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
If no please explain below:	
We reviewed six staff appraisals and found that the practice manager's appraisal had not been updated since January 2017. We noted one appraisal contained a request for support and further training but no evidence to demonstrate that this support was provided.	

## 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)	89.3%	93.5%	95.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (27)	0.7%	0.8%	

## Consent to care and treatment

### Description of how the practice monitors that consent is sought appropriately

The practice was able to monitor that consent was sought for interventions through the patient records. The practice ensured that written consent was sought for minor surgery procedures; the completed forms were then uploaded into the patient record. Consent for other procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	3
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Patient interviews and comment cards	Patient feedback was mixed with three patients giving examples where they felt they were not treated with kindness or respect and four patients who said they felt that the clinical and non-clinical staff were helpful. Two patients also told us that they had been waiting for over an hour past their appointment time to see a GP or nurse.
Healthwatch	Feedback provided by Health watch was also mixed regarding the attitude of staff and GPs.
Friends and family test	Between 26/03/18 and 06/08/18 the practice received 1888 responses to the friends and family test, 80% of these said they would recommend the practice and 12 % said that they would not recommend the practice.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16,688	263	109	41.44%	0.65%

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)	67.2%	81.9%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	87.0%	90.4%	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)	93.0%	96.8%	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)	81.8%	87.8%	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)	89.3%	93.6%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	93.7%	92.6%	90.7%	Comparable to other practices

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

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards and interviews with patients.	Feedback was mixed, four patients told us that they felt involved in their care and treatment but three patients told us they did not feel involved. Three patients told us that they were not given enough time in their appointments.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	87.1%	87.3%	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)	68.4%	83.7%	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)	87.6%	91.8%	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)	79.4%	86.3%	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.	On request
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 393 patients as carers; this represented approximately 2% of the practice list.
How the practice supports carers	<p>There was information available in the waiting area and on the practice website which signposted carers to organisations which provided support for carers.</p> <p>The practice has a designated member of staff who acted as the carers liaison. Following registration as a carer the practice provided carers information packs which were tailored to the carers specific needs.</p> <p>The practice has a carers toolkit which is reviewed annually to keep track of their progress. This has been in use since 2015 but when it was reviewed in February 2018 there were still significant areas that had not been completed, including medicines management and mental health.</p>
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them.

## 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>The waiting area was separated from the reception desk by doors. There was a sign at reception asking patients to stand back whilst waiting to speak to a receptionist.</p> <p>"P" cards and pens were available at the reception desk which allowed patients to write down their problem or query if they did not feel comfortable discussing it.</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

## Responsive

### Responding to and meeting people's needs

Practice Opening Times – Fitzalan Road	
Day	Time
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm

Extended hours opening	
Monday and Wednesday	6:30pm to 8PM GP appointments
Tuesday, Thursday and Friday	7:30am to 8am Nurse and HCA appointments
Tuesday, Wednesday and Friday	7:30am to 8am pre-bookable triage appointments

Practice Opening Times – Wick Surgery	
Day	Time
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 12:30pm

We observed that Wick Surgery was closed at times other than Friday afternoon. For example, Wick Surgery was closed on the afternoon of Monday 11 June and Wednesday 8 August. Patients were informed of closures by signs at Wick but not on the practice website. The CCG had not been informed of these additional closures.

Extended hours opening	
Wednesday	7:30am to 8am Nurse and HCA appointments

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 added to the triage team list. The triage team leader reviewed the requests and assigned them to the most appropriate clinician, for example, triage team GP, patient's own GP or paramedic practitioner. The paramedic practitioners were available for home visits all day.

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16,688	263	109	41.44%	0.65%

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)	70.2%	81.0%	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)	68.5%	72.0%	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)	73.3%	79.6%	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)	69.7%	76.5%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
Comment cards and patient interviews	<p>We received feedback from patients that they experienced difficulties in accessing routine or long-term condition review appointments but could access urgent care.</p> <p>Patients told us that there was a long recorded message when they telephone the surgery which says that the surgery are only able to deal with urgent calls.</p> <p>Patients told us they were experiencing difficulty booking nurse appointments for routine long term condition reviews, we were given one example where a patient had been trying to book for over four months and had been unable to do so.</p> <p>The practice had recently introduced a triage system and we received mixed feedback regarding this. Some patients told us this made it easier for them to access care. However other patients told us they had experienced difficulties with the system, they were not able to see a clinician, did not receive calls from the triage team and if they missed a call they were not able to speak to the clinician.</p> <p>Two patients told us they had experienced long waits, over an hour, after their appointment times to see the GP or nurse.</p>

Healthwatch	The feedback provided by Health watch was similar. Patients gave examples of getting same day appointments easily, however other examples included parents with young children experiencing difficulty accessing care for their children through the triage system.
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## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received since December 2017 inspection.	10
Number of complaints we examined	9
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

### Additional comments:

The practice recently reviewed and amended their complaints leaflet. However, in the practice both the old and new versions were available and only the older version was available on the practice website. The older version states that complaints will be acknowledged within two working days, and the newer one within three working days. We found complaints were not always acknowledged within three days.

We found that the practice overview of complaints did not give a clear audit trail, for example, it did not include specific dates the complaint was received, or the dates that acknowledgment or response letters were sent. For example, for three complaints there were only handwritten notes on the complaint letter saying that the patient was spoken to by phone, no record of what was said or the date the patient was spoken to.

### Example of how quality has improved in response to complaints

Following complaints regarding the attitude of reception staff the staff involved received refresher training.

# Well-led

## Leadership capacity and capability

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

The leaders did not demonstrate that they had the capacity or capability to provide a well-led service. The partnership had undergone major changes since our visit on 19 December 2017. The two partners who were taking the lead on running the practice had identified that they did not have the experience, knowledge or capacity required. The partners had invited external experts into the practice to analyse areas that the practice could improve and we had seen evidence that the partners were planning to take action based on these reports. The two partners who were leading the practice had arranged a mentoring programme through the Royal College of General Practitioners. The practice told us that they were recruiting a new practice manager following the resignation of their existing practice manager. In the interim the practice was being supported by two practice managers from the locality one day each per week.

The practice had identified that the future of the practice depended upon successful recruitment of staff. They were also exploring whether a different skill mix was required, to meet increasing patient demand for flexible access to care and treatment.

## Vision and strategy

### Practice Vision and values

The practice had a vision to offer patients the best quality health care possible within the NHS to enable them to live more fulfilling lives.  
The practice did not have a realistic strategy to achieve this vision.

## Culture

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

The practice promoted equality and diversity.

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

Source	Feedback
Staff feedback	Staff feedback was positive about how the practice had worked together following our inspection in December 2017. Some staff felt that they were well supported by managers and that managers and leaders were approachable. Other staff told us that they did not feel supported and that the managers and leaders were not approachable. Some staff told us they were encouraged to raise concerns. However, some staff told us they did not feel supported when they raised concerns and did not have confidence that their concerns would be addressed. Staff told us that lone working did occur at Wick Surgery and gave us examples

	where it had occurred. The leaders told us there was no lone working at Wick Surgery.
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## 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 an online document management system and policies were specific to the practice.
Any additional comments or evidence:	
<p>We reviewed a sample of five policies and found that three of these contained out of date or insufficient information.</p> <p>For example; the business continuity plan did not contain any information regarding action to be taken in the event of unexpected absence of key members of staff, such as practice manager or GP partners.. One policy contained three different dates of review on different pages so it was not clear whether the policy was up to date.</p>	
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Partial
Staff were clear on their roles and responsibilities	Partial
Any additional comments or evidence:	
<p>Staff were clear on their day to day roles and responsibilities.</p> <p>Staff we spoke with told us they were not sure what the roles and responsibilities of the practice managers supporting the practice were. Staff also told us they knew that some roles would change but were not sure what their roles would be once the practice manager left. We were told the practice manager was leaving two days after our inspection. Staff we spoke with were also unclear about the role and responsibility of a newly appointed member of staff. The GP supervising a new member of the nursing team was not clear on how she was being trained for her role.</p>	

## Managing risks, issues and performance

Major incident planning	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
Legionella	Risk assessment had been undertaken and the mitigating actions completed by the practice.
Fire risk assessment	Actions not completed, for example, faulty emergency lighting units had not been replaced.
Infection control	Infection control audit had been undertaken and all actions completed appropriately.

### **Any additional evidence**

The practice told us that they intend to employ an external company to manage their health and safety risk assessments in the future. We saw evidence that an initial meeting was booked with this company at the end of August 2018.



## Appropriate and accurate information

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

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
<p>The patient participation group (PPG) met twice a year but there had been no minutes from meetings or reports published on the practice website since June 2017. The last PPG meeting was an open public meeting to discuss the outcome of the December 2017 CQC inspection.</p> <p>The practice has listened and acted on suggestions from the PPG, for example seating was improved and a water cooler was added to the waiting room at Fitzalan Road.</p>

Any additional evidence
<p>Feedback from Health watch was mixed and similar to feedback received from Health watch in May 2018. The majority of comments were negative regarding accessing care and the attitude of staff. There were also positive comments about the standard of care received.</p>

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past year

Audit area	Improvement
We saw evidence of an audit schedule for 2018.	
Disease-modifying antirheumatic drugs (DMARDs)	Two cycle audit demonstrating improvement from 91% monitoring compliance to 94% monitoring compliance.

### 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](#)).