

Care Quality Commission

Inspection Evidence Table

Bearsted Medical Practice (1-561220757)

Inspection date: 12 July 2018

Date of data download: 05 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

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes June 2017
There was a record of equipment calibration Date of last calibration:	Yes June 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	No
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 06/07/17
Actions were identified and completed.	Yes
Additional observations: We saw records which confirmed that a date for future calibration testing had been scheduled. Fire records showed that regular fire alarm testing and equipment checks had been undertaken. However, we observed from these records that fire drills and evacuations had not been conducted on a routine basis. The fire risk assessment was on a two-yearly schedule for reassessment.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes June 2018
Health and safety risk assessment and actions Date of last assessment:	Yes June 2018

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified</p> <p>Detail: The practice were unable to demonstrate that they always followed national guidance on infection prevention and control.</p> <p>There was a system to manage infection control and prevention. A practice nurse was the lead for managing infection control and prevention. We were told by staff that an infection control audit had been completed. However, it was not available on the day of the inspection. The practice submitted an audit following the inspection and it was noted that this was dated on the day of submission. We saw from this audit that some responses had not been explained, where there were items lacking. For example, gel hand sanitizer had been recorded as not available in all appropriate areas and no further information had been recorded as to why or when this would be resolved by.</p> <p>We found that the practice policy for infection control and prevention was not always clear in detail and content. For example, we found disposable privacy curtains in two consultations rooms, which were dated as last changed in 2015. We looked at the policy and found there was no information recorded within this, to show the frequency with which these curtains should be changed. Additionally, there were no entries made on the infection audit to assess the changing of these curtains.</p>	<p>Yes 08/07/18 Partial</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

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.	Partial
<p>Explanation of any answers:</p> <p>We saw that there had been a significant event recorded and investigated, in relation to a two week wait referral (this is when there is a suspicion of cancer that requires a more urgent response). We found that the practice did not have a procedure for routinely checking that referrals of this type had been received by the recipient, nor that the patient was followed up to ensure an appropriate appointment had been made for them within the two-week criteria. The practice sent us documentary evidence following the inspection to show that a policy and protocol had subsequently been implemented.</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	1.01	1.05	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)	8.5%	9.4%	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
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.	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.	NA
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	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <p>We found that there was a six-monthly system for checking uncollected repeat prescriptions. However, these were not always effective as there was a prescription for a medicine used to treat rheumatoid arthritis that had not been collected the end of January 2018. The practice was unable to demonstrate that the patient had been contacted to establish why the prescription had not been collected. The practice provided us with evidence following the inspection to show that the patients notes had been reviewed and that the policy for reviewing uncollected prescriptions had been changed to monthly.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes

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	Partial
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	9
Number of events that required action	9

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

Event	Specific action taken
Continuation of a medicine on a repeat list, which should have been stopped following a review by the hospital.	It was found that the letter from the hospital had not been processed within the required timescale. As a consequence of this event, the practice had implemented the use of two computer screens in some consulting rooms to facilitate ease of comparison of hospital letters with the medicines medication screen. For those rooms without two screens, discharge summaries were printed and made available to compare with medicines screen and allow for cross referencing.
Inappropriate choice of antibiotic prescribed for patient with poor kidney (renal) function.	A system had been implemented to ensure that all GPs check patients renal function (by means of blood testing) before issuing antibiotics.
Any additional evidence	
<p>There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.</p> <p>However, the systems for reviewing and investigating when things went wrong were not always appropriate. For example, we saw that the practice policy informed staff involved incidents, to complete a form without conferring with other staff members. We spoke with administrative staff regarding reporting incidents and were told that they informed the practice manager of any incident, who then subsequently completed the form for them. Therefore, practice staff were not reporting incidents in accordance with the practices policy.</p> <p>Additionally, there was no review of significant events to monitor for trends and themes and we saw that minutes of practice meetings were not always clear in what discussion took place in relation to events reported. For example, we found that there had been incidents of referrals being made to (as well as receipt of correspondence from other health care providers) that had not been processed correctly. Although there were clear records of the individual incidents being investigated, there was no change or implementation of policy, to ensure the same incident occurred again.</p>	

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Partial
<p>Comments on systems in place:</p> <p>The system to process safety alerts was not always effective. Staff told us that all alerts were processed by the practice manager and then cascaded to the GPs who acted on them accordingly. However, we found an alert from April 2018 regarding sodium valproate (a medicine prescribed to treat epileptic disease and seizures) had not been acted upon. The practice provided us with information following the inspection, to show that a search for patients affected by this alert had been conducted. Resulting in the patients being contacted for a review.</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)	0.77	0.96	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)	80.1%	79.1%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (34)	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)	86.9%	77.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (35)	10.4%	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)	79.5%	79.8%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	14.6%	(84)	15.0%	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)	73.1%	76.5%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (19)	12.1%	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)	92.1%	91.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.2% (39)	15.1%	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)	92.0%	83.1%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (47)	3.8%	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)	89.1%	89.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (12)	6.6%	8.2%	

Any additional evidence or comments

The practice had recognised that they had a higher than average rate for the exception reporting of patients with COPD. The practice provided us with evidence, which showed that the rate for exception reporting was for valid reason and had been excepted according to policy and procedure.

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)	129	131	98.5%	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)	124	130	95.4%	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)	125	130	96.2%	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)	127	130	97.7%	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)	84.6%	77.2%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.5%	73.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	68.9%	59.9%	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	49.5%	77.3%	71.2%	N/A

6 months of the date of diagnosis. (PHE)				
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)	50.0%	56.8%	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)	93.0%	92.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (3)	13.1%	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)	83.3%	91.4%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0% (0)	10.9%	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)	81.0%	82.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (2)	5.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	543	539
Overall QOF exception reporting	4.2%	5.5%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <small>(QOF)</small>	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	95.4%	93.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (32)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought o
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. The practice had consent forms to implant and remove contraceptive devices.

Any additional evidence
<p>The practice identified patients who may have needed extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.</p> <p>Staff encouraged and supported patients to be involved in monitoring and managing their health. Staff discussed changes to care or treatment with patients and their carers as necessary.</p> <p>The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	9
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
Comment cards	Patients commented they found the service at the practice outstanding. They said staff were friendly, helpful and very caring. We saw comments that staff and GPs were supportive, encouraging and caring, explaining care and treatment and taking time with patients; patients said they were treated with respect.
Patient interviews	We spoke with four patients who were complimentary about staff and booking appointments and the care and treatment they received.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,595	226	120	53.10%	1%

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)	80.4%	82.1%	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)	92.2%	89.9%	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)	99.0%	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)	91.6%	86.7%	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)	94.1%	92.5%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	91.4%	92.0%	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
Patient participation group (PPG) Survey	<p>The PPG conducted a survey to gain feedback on the implementation of technology to promote services. For example, text appointment reminders, online services such as appointment booking, prescriptions and general information. Survey respondents had stated that the afternoon booking system had been difficult for those of working or school age. The survey showed that respondents welcomed the use of the technology to access services. Feedback from respondents also highlighted that they did not appreciate waiting for a long time for appointments. In response to this the PPG published a newsletter, which explained the appointment system and how the constraints on this impacted the practice, to help patients have a better understanding of how the practice appointment system worked.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with four patients	We asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the information in the patient waiting area useful. Patients told us they felt involved and that their personal decisions were considered.

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)	94.6%	88.3%	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)	88.9%	83.7%	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)	93.8%	90.7%	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)	82.6%	86.6%	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 297 patients who were carers (2% of the practice list). We saw staff had updated this register shortly before our inspection.
How the practice supports carers	There was on a dedicated noticeboard in the waiting area that indicated support available to carers and encouraged patients to identify whether they were carers. The practice offered carers an annual flu vaccination and an annual health check.
How the practice supports recently bereaved patients	The practice contacted families who had been recently bereaved and offered them an appointment, if required, at a time to suit them. The GP would visit the next of kin or family if appropriate. The practice also provided help with forms or other arrangements and signpost relatives to other support services where appropriate.

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	There was a separate private room available at the practice, where patients could have privacy if this was required. The reception staff were aware of the need for confidentiality and all staff had signed confidentiality agreement forms.

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception staff, they could.
Staff interviews	Staff told us patients who were made anxious by waiting in a busy waiting area, or were distressed, could wait in the private room. Staff told us they would offer the patient support and would call them when it was time for their appointment. We observed this on the day of our inspection.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30

Appointments available	
Monday to Friday	08:00 – 18:00
Extended hours opening	
Tuesday and Thursday	7:15 – 08:00

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	
All home visits were triaged by the duty GP and, if clinically appropriate, a visit was completed by a GP or the paramedic practitioner.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13,595	226	120	53.10%	1%

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)	72.8%	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 31/03/2017)	79.7%	73.9%	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)	84.2%	80.1%	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)	71.7%	77.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice is rated as 4.5 stars out of the attainable 5 for the availability of appointments. Additionally, the practice scored 4 stars out of 5 for telephone access.
Patient interviews	We saw many examples of where patients had commented they had no problems with accessing appointments at the practice. Patients said they could access urgent, on-the-day appointments whenever they needed them and they appreciated the walk-in clinics. They told us that if the wait for a walk-in appointment was long, they could leave the practice and would be called back by reception staff to come back to the practice.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	26
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	0
Additional comments:	
<p>The complaint policy and procedures were in line with recognised guidance. Information about how to make a complaint or raise concerns was available in the form of a leaflet and on the practices website. However, the information enclosed within these was not up to date. There was no information regarding the public health service ombudsmen nor who was the lead person responsible for managing and responding to complaints. The practice provided us with evidence following the inspection to show that the complaints leaflet had been updated and all out of date copies had been removed.</p> <p>Staff treated patients who made complaints compassionately. The practice learned lessons from individual concerns and complaints and from analysis of trends.</p>	

Example of how quality has improved in response to complaints
<p>Following the receipt of a complaint relating to a delay of diagnosis, the practice had discussed this at a clinical meeting and implemented changes to their continuity of care processes. All GP's had a buddy GP to ensure that patients see a GP with a good knowledge of the patient's previous medical history, as well as their current care and treatment.</p>

Well-led

Leadership capacity and capability

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

There was a clear management structure which included lead roles for the whole staff team (GPs, nursing team staff, paramedic practitioner, dispensers and administrative staff) and staff felt supported by management.

The practice was aware of future challenges. For example, the increase in number of houses in the area and being asked to increase their catchment area. This would increase their list size by 2,857 patients. The practice was continuously reviewing their staffing numbers and skill mix to ensure they provided services to meet patient's needs.

Vision and strategy

Practice Vision and values

There was a clear vision to provide patients with good clinical care. The practice had a set belief of having a relaxed atmosphere among staff and patients. Running an efficient business but not being driven by the bottom line with care of their patients being the purpose of their existence.

Culture

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

Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. They told us that there was a positive team spirit for improving the practice and that the patient experience was always at the forefront of their plan.

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

Source	Feedback
Staff interviews	There were high levels of staff satisfaction. Staff said they were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they felt involved and engaged to improve how the practice was run.

Any additional evidence

There was a very low staff turnover at the practice. Staff told us they came to the practice and have stayed because they felt included and integral in the running of the practice.

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 systems that helped to keep the majority governance documents up to date.
Other examples	Governance documents that we looked at were up to date and contained a review date.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
We found that the practices policies and procedures were being routinely monitored and updated accordingly, except for the infection control and significant event policies.

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
Medicines not being dispensed appropriately in monitored dosage boxes	Following an incident of a medicine not being dispensed appropriately into a monitored dosage box, the lead GP for medicines had reviewed systems with the dispensers and an extra level of checking had been added.

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
There was ongoing assessment of services and discussion of any suggested improvements. For example, the patient participation group (PPG) survey was used to raise awareness of the PPG, text reminder and online services, health education and availability of appointments. The practice took the results positively and addressed any areas of concern identified.

Any additional evidence
<p>The practice utilised their website to improve the flow of information to and from the practice.</p> <p>The practice gathered feedback from patients through analysis of the results of the NHS Friends and Family Test, as well as comments made on NHS Choices, the national GP survey and a comments and suggestions box in the waiting area.</p>

Continuous improvement and innovation

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

Audit area	Improvement
High risk antibiotic for the treatment of clostridium difficile, (also known as C. difficile or C. diff; a bacterium that can infect the bowel and cause diarrhoea).	<p>Prescribing data from the West Kent CCG showed that the practice was a high prescriber of high risk antibiotics for C. Diff when compared to CCG and National averages. (12.9% of total antibiotic prescriptions). The aim of the audit was to identify areas for improvement and reduce the high-risk antibiotic prescribing rates.</p> <p>The practice took action to adhere, where possible, to West Kent CCG formulary for prescribing high risk antibiotics. Systems and processes were changed to ensure clearer documentation of the reason for choosing high risk antibiotics in clinical notes. As well as introducing an automated alert on the computer software system, when issuing high risk antibiotics to prompt re-consideration.</p> <p>The re-audit showed that high risk antibiotics accounted for 6.9% of total antibiotic prescriptions since changes had been made. The practice had therefore had reduced their rate of high risk antibiotic prescribing and scored lower than the CCG average of 9.8% and the national average of</p>

	9.2%.
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Any additional evidence

The leadership drove continuous improvement and staff were accountable for delivering change. There was a focus on continuous learning and improvement at all levels within the practice. There was a clear approach to seeking out and embedding new ways of providing care and treatment. For example, employing staff relevant to the changes needs of their patient list.

The practice had been a training practice for more than 30 years and had one trainer and two GP registrars. All the staff were, to some degree, involved in the training of future GPs, reception and administration staff. The practice also occasionally provided support and training for A level and medical students.

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](#)).