

# Care Quality Commission

## Inspection Evidence Table

**Dr Kim Cheung (1-551326416)**

**Inspection date: 14 August 2018**

**Date of data download: 09 August 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)	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
Explanation of any 'No' answers:  *The lead GP is responsible for safeguarding processes and procedures however during his absence the practice nurse and locum doctor share the responsibility.  **The lead GP had carried out level three safeguarding adults training in July 2018. The GP had also carried out online level 3 update safeguarding children's training but the face to face training that had been carried out for safeguarding children did not state which level it had been.	

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.	No*
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	No **
<p>Explanation of any answers:</p> <p>*No evidence of nurse or GPs Hep B or other immunisations.</p> <p>** No evidence of indemnity insurance seen on the day of the inspection. The practice told us they had joint indemnity cover but were unable to provide us with a copy.</p> <p>Since the inspection the practice had provided us with confirmation of their indemnity insurance and immunisations.</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:	Yes 26/04/18
There was a record of equipment calibration Date of last calibration:	Yes 26/04/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes 01/08/18
Fire procedure in place	Yes
Fire extinguisher checks	Partial*
Fire drills and logs	Partial**
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 03/04/18
Actions were identified and completed. No actions identified.	NA
Additional observations:  *No labels on fire extinguishers located by the back fire exit outlining when they were last checked, we observed that the pin had been removed from one of the extinguishers therefore we were unable to assess whether it was empty or within date. The CO2 extinguisher in reception was labelled and had been serviced in August 2018. Staff were unsure whether the other extinguishers had been checked.  ** Fire drills are not logged but carried out once a month.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes June 18
Health and safety risk assessment and actions Date of last assessment:	Yes June 2018
Additional comments: Actions: <ul style="list-style-type: none"> <li>• Dispose of out of date dressings</li> <li>• New fire panel needed</li> </ul>	

- Reception fire extinguishers to be tested

Actions had been completed.

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified  Detail:	Yes NA*
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:  *An infection control policy was updated and available for staff however we found that the practice had not carried out an annual infection control audit. An infection control audit had been completed by the end of the inspection which outlined actions that were required.	

Any additional evidence
A hand washing policy and audit had been carried out in January 2018.

## 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.	No*
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
Explanation of any answers: <ul style="list-style-type: none"> <li>Practice had information advertised in clinical rooms and reception regarding sepsis however they did not have appropriate equipment to diagnose sepsis. For example, no thermometer. There was no evidence that staff had carried out any training for sepsis. Since the inspection the practice had ordered the necessary equipment.</li> </ul>	

## 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
Explanation of any answers:	

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	1.02	1.00	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	8.6%	8.2%	8.8%	Comparable with 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).	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.	NA
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.	
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No**
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	No***
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Partially**
<p>Explanation of any answers:</p> <p>* Processes for managing high risk medication had improved however we found that checks for patients being prescribed warfarin were not effective. We reviewed 16 patients being prescribed Warfarin, 8 patients did not have relevant blood results recorded on their notes but had been prescribed Warfarin. Since the inspection, the practice told us they had reviewed the patients being prescribed Warfarin and found only one patient that had not been appropriately monitored. Other high-risk medicines such as Lithium and Methotrexate were adequately monitored. Following the inspection, the practice had reviewed all patients and mitigated risks.</p> <p>**Benzylpenicillin or Chlorphenamine were not stocked at the practice and there was no evidence a risk assessment had been carried out to consider the appropriate medicines needed for an emergency. Since the inspection the practice had stocked both recommended medicines.</p> <p>*** The oxygen cylinder that was available at the practice was inappropriate to use during emergencies. The oxygen was not able to be administered freely, there was no expiry date on the canister, no ability to regulate the flow of oxygen and the practice was unable to evaluate how full the canister was. Following the inspection, the practice had liaised with the local clinical commissioning group to order an appropriate oxygen cylinder.</p>	



## 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.	2
Number of events that required action	2

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

Event	Specific action taken
Patient confidentiality	Staff meeting was held where everyone was reminded of the importance of patient confidentiality. The practice had revised the questions they asked patients when booking an appointment.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	No*
<p>*The system for recording and acting on alerts was ineffective. The practice told us that the lead GP passes on alerts to the practice nurse whose responsibility it was to carry out the searches. We were provided with a folder of two older MHRA alerts where searches had been carried out. The practice failed to capture all relevant alerts and act on them. There were no recent MHRA alerts, for example Mycophenolate mofetil and mycophenolic acid updated in Feb 2018 or Esmya (ulipristal acetate) for uterine fibroids published in March 2018. Although no searches had been conducted we found no patients at risk relating to the two safety alerts.</p> <p>We also found there was not an ongoing process to check patients at risk for older MHRA alerts. We found nine patients being prescribed Quinine contrary to guidance, seven of which had been prescribed it in the last three months without discussion of risks documented.</p>	

Any additional evidence

# 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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.30	0.69	0.84	Variation (positive)

## 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)	81.6%	76.2%	79.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.1% (12)	6.9%	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)	81.2%	78.1%	78.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.1% (14)	5.9%	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)	75.0%	76.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (11)	10.5%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	79.8%	77.4%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (1)	2.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, 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)	96.7%	90.3%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (3)	5.5%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	81.4%	85.6%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (10)	3.9%	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)	95.0%	89.2%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (1)	8.0%	8.2%	
<b>Any additional evidence or comments</b>				
We reviewed unverified 2017/2018 QOF data and found that the practice exception reporting rates had reduced since 2016/2017 data. For example, peripheral artery disease had reduced by 5%, hypertension and COPD had reduced by 1% and diabetes mellitus had reduced by 2.4%.				

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	10	10	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of 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)	12	12	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)	12	12	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 (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	12	12	100.0%	Met 95% WHO based target (significant variation positive)
<b>Any additional evidence or comments</b>				

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 at a given point in time who were screened adequately within a specified period (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)	83.2%	72.8%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.7%	64.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.2%	51.6%	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)	50.0%	65.0%	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)	35.7%	50.1%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>				

## 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%	89.3%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.6% (2)	9.0%	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%	93.3%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.3%	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)	100.0%	83.4%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (1)	9.8%	6.8%	
<b>Any additional evidence or comments</b>				
We reviewed unverified 2017/2018 QOF data and found that the practice exception reporting rates for mental health indicators had reduced by 7% since 2016/2017.				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	532	527	539

Overall QOF exception reporting (all domains)	5.5%	4.6%	5.7%
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## 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 any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.3%	95.9%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (3)	0.7%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Written consent was not needed as the practice did not carry out surgical procedures however staff had a good understanding of the mental capacity act and had completed relevant training.

Any additional evidence

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	21
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>We received one mixed comment relating to the overgrown shrubs and weeds outside the practice. All comments regarding care and treatment received from the service were positive. For example:</p> <ul style="list-style-type: none"><li>• Reception staff friendly and helpful</li><li>• Always able to get appointments easily</li><li>• Emergency appointments given on the same day</li><li>• Felt involved and informed about their care and treatment</li><li>• Clean and tidy surgery</li></ul>

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1,890	263	116	44.11%	6%

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)	70.8%	68.3%	78.9%	Comparable with 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)	83.0%	82.8%	88.8%	Comparable with 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)	92.7%	92.5%	95.5%	Comparable with 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)	74.8%	78.1%	85.5%	Comparable with 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)	90.1%	90.3%	91.4%	Comparable with 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)	87.9%	88.1%	90.7%	Comparable with other practices

### Any additional evidence or comments

National GP patient survey data published in July 2018 shows that the practice is achieving above the local averages in all of their satisfaction scores.

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

Date of exercise	Summary of results
December 2017	The practice had monitored their patient satisfaction and found 100% of patient were happy with the care they received and 92% of patients were satisfied with appointment waiting times.

Any additional evidence
<p>The practice monitored their patient's satisfaction by promoting the Friend and family test results.</p> <p>In May 2018 – five forms were received – four extremely likely and one likely. Comments: great surgery, more than happy with all staff, doctors and nurse.</p> <p>June 2018 – five forms received – four extremely likely and one likely. Comments: always a good service, prompt and referral was quick.</p> <p>July 2018 – four forms received: three extremely likely and one neither likely or unlikely. Comments: Saw a locum doctor who was great but you do not always get to see the same doctor. Receptionists are helpful. Great surgery, great staff, always helpful.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients & comment cards.	I always feel involved with the care and treatment I receive.

## 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)	72.9%	78.8%	86.4%	Comparable with 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)	67.7%	73.2%	82.0%	Comparable with 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)	89.1%	88.0%	89.9%	Comparable with 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)	81.7%	84.2%	85.4%	Comparable with other practices

### Any additional evidence or comments

National GP patient survey data published in July 2018 found the practice had achieved above the local averages for all of its indicators.

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.	NA

Carers	Narrative
Percentage and number of carers identified	13 patients identified – 0.7% The practice had tried to identify patients by advertising on new patient packs, when patients come in with relatives and by promoting online sign up of carers.
How the practice supports carers	Health checks, flu vaccinations and supportive services were offered to carers.
How the practice supports recently bereaved patients	Bereaved patients were offered an appointment with a nurse or doctors, the practice have a good relationship with St Luke's hospice located a short distance from the surgery so patients are referred there if required.

Any additional evidence

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	A door separating waiting area and reception provides privacy for patients. If patients wish to speak privately reception staff will provide a quiet room for them.

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	Always feel treated with dignity and respect.

# 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	
GP appointments	Monday to Friday 10:30am -12:30pm & 4:30pm – 6.30pm
Nurse appointment	Mondays or Wednesdays from 10am-12:45pm & 2:30pm – 6:00pm
Extended hours opening	
Evening and weekend appointments are available and can be booked by the practice at the Thurrock hub	

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	
Reception staff who are trained to recognise red flag symptoms will document patients call, if situation requires urgent attention it will be highlighted to the GP straight away, if not then the GP will review calls between clinics.	



## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
1,890	263	116	44.11%	6%

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 practice opening hours (01/01/2017 to 31/03/2017)	74.1%	72.7%	80.0%	Comparable with 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)	96.6%	68.1%	70.9%	Comparable with 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)	86.7%	66.4%	75.5%	Comparable with 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)	89.5%	66.1%	72.7%	Comparable with other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
For example, patients, CQC comment cards.	<ul style="list-style-type: none"> <li>• Never have a problem getting an appointment.</li> <li>• There are always appointments, if it's an emergency I will usually get a same day appointment.</li> </ul>

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice had investigated the verbal complaint and responded to it in a timely manner.	

Example of how quality has improved in response to complaints
NICE guidelines were to be implemented and adhered to correctly to avoid the same event from occurring again.

Any additional evidence

# Well-led

## Leadership capacity and capability

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

The lead GP had been absent from the practice since May 2018, during this period the lead nurse had taken the responsibility to manage and lead the practice. The administrative staff we spoke with said they were able to approach the leaders.

### Any additional evidence

Leaders failed to understand and action the improvements that were required from the January 2018 inspection.

## Vision and strategy

### Practice Vision and values

The practice strives to provide the best quality of medical care to their patients in a safe environment.

## Culture

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

Staff reported there was an open and helpful culture, they had worked on improving things through training.

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

Source	Feedback
Staff	Staff have been working hard to make the appropriate changes, we have worked together to improve upon the safety issues.

### Any additional evidence

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Yes, administrative policy and clinical policies are updated and well organised.
Other examples	The practice had maintained high QOF outcomes achieved by effective recall systems and monitoring.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

## 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
Environmental risk assessments	COSSH, HEALTH AND SAFETY, fire, legionella. No infection control audit
Fire alarm testing	The practice found that the fire alarm was broken during their testing, as a result they had fitted a new alarm.

Any additional evidence

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	No

Any additional evidence
The CQC had not received a statutory notification during the sole GPs absence greater than 28 days.

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

### Feedback from Patient Participation Group;

Feedback
The practice had recently had members of their PPG leave, as a result they had put adverts on repeat prescription to encourage patients to join however they have had no new members.

Any additional evidence

## Continuous improvement and innovation

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

Audit area	Improvement
Antibiotic prescribing	The practice had carried out a two-cycle audit to monitor their antibiotic prescribing. As a result of the audit they had made some changes and achieved the lowest prescribing rate for their CCG.

Any additional evidence

### 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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

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](#)).