

Care Quality Commission

Inspection Evidence Table

Edridge Road Community Health Centre (1-614990605)

Inspection date: 2 August 2018

Date of data download: 27 July 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was lead members of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent	Y

person Date of last inspection/Test: 23 May 2018	
There was a record of equipment calibration Date of last calibration: 23 May 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: 29 March 2018	Y
Actions were identified and completed.	Y
Additional observations: The provider undertook fire drills every six months and recorded the details of the fire drills.	
Health and safety Premises/security risk assessment? Date of last assessment: Weekly checks undertaken.	Y
Health and safety risk assessment and actions Date of last assessment: Weekly checks undertaken.	Y
Additional comments: Detailed weekly fire safety and health and safety checks were undertaken.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 2 July 2018 The practice acted on any issues identified. Detail: No issues identified.	Y
The arrangements for managing waste and clinical specimens kept people safe?	N/A
	Y

Risks to patients

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

unwell patient and had been given guidance on identifying such patients.	
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y

Information to deliver safe care and treatment

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

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)	2.02	0.85	0.98	Significant variation (negative)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	7.4%	6.9%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	N
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y

If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers: The practice informed us that they do not prescribe many controlled drugs. Data for 2016/17 indicated that the practice had prescribed a high number of antimicrobials (when they had a walk-in service) compared to the local and national averages. The practice provided data indicated that they had prescribed 1725 antimicrobial items during September 2016 and November 2016 and during the same period in 2017 they had only prescribed 194 antimicrobials, which is a significant decline. Data for 2017/18 from the Croydon Clinical Commissioning Group indicated that the practice had achieved 0.87 for Q3 2017/18 which was below the local target of 1.00 items per Specific Therapeutic Group for number of antimicrobials prescribed.</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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	22
Number of events that required action	14

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

Event	Specific action taken
Problem with the electronic referral system, where the two-week wait referrals were unsuccessful on three occasions and the patients did not receive their appointment.	This issue was investigated and the provider identified it was a training issue. The local Clinical Commissioning Group (CCG) was aware of this issue as it happened in several practices and there was a CCG wide training programme for staff. The provider also set up an audit to monitor two week wait referrals to ensure patients had attended their appointments. The patients were

	contacted and informed of the delay and their appointment was rescheduled.
Power outage due to flooding caused by building works.	<p>The provider put their business continuity plan in place. On the request of local Clinical Commissioning Group patients were diverted to NHS 111 and were allocated to GP hubs; the provider updated their website with this information; calls were diverted to their emergency mobile; booked appointments were rescheduled.</p> <p>The provider found that the cold chain was not broken as they were able to check the data loggers to verify the temperature during power outage.</p> <p>Staff did not print the day lists for the next day as per the practice policy; however, staff were able to print the day lists in the morning. Following this incident, the provider updated their business continuity plan and produced a daily checklist for reception staff to follow.</p>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: Alerts were centrally disseminated by the provider to the practice; relevant alerts were locally reviewed by the clinical lead and pharmacist and appropriate actions were undertaken. The practice maintained a log of actions undertaken.	

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)	0.55	0.64	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)	57.8%	74.1%	79.5%	Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (12)	9.9%	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)	57.6%	79.1%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.6% (20)	6.5%	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)	50.4%	76.1%	80.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (18)	10.2%	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)	77.4%	76.4%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	3.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	75.0%	92.3%	90.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1%	(2)	8.8%	
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)	58.8%	81.8%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8%	(15)	2.8%	
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)	100.0%	83.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.0%	(1)	9.0%	

Any additional evidence or comments: Unverified QOF results for 2017/18 provided by the practice indicated that the practice had improved in the areas including diabetes, asthma, COPD and hypertension. See below:

- 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 has increased from 57.8% to 77.4%
- 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 has increased from 57.6% to 76.1%.
- 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 has increased from 50.4% to 85.2%.
- 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 has increased from 77.4% to 95.8%.
- 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 has increased from 75% to 100%.
- 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 has increased from 58.8% to 75.2%.

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)	106	125	84.8%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	99	129	76.7%	80% or below Significant variation (negative)
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)	76	129	58.9%	80% or below Significant variation (negative)
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)	101	129	78.3%	80% or below Significant variation (negative)
Any additional evidence or comments: Unverified results for 2017/18 provided by the practice indicated that they had improved on three out of four indicators; however, they were still below the target percentage of 90% on all four indicators. For 2017/18 the practice had achieved 91% for children aged one with completed primary course of 5:1 vaccine; 88% for children aged two who have received immunisation for Haemophilus Influenza type b (Hib) and Meningitis C and 86% for children aged two who have received immunisation for measles, mumps and rubella (first dose of MMR).				

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)	47.8%	70.5%	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	41.3%	63.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	23.6%	46.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who	100.0%	80.3%	71.2%	N/A

have a patient review recorded as occurring within 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)	28.6%	59.2%	51.6%	Comparable to other practices
Any additional evidence or comments: Unverified cervical screening data 2017/18 provided by the practice indicated that the practice had achieved 58% which is an improvement when compared to 2016/17; however, it was still significantly below average.				

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)	23.4%	88.8%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (3)	8.5%	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)	53.2%	90.0%	90.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.0% (3)	7.0%	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%	86.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	3.6%	6.8%	

Any additional evidence or comments: Unverified QOF results for 2017/18 provided by the practice indicated that the practice had improved outcomes in mental health. See below:

- 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 has increased from 23.4% to 76.2%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months has increased from 53.2% to 73%.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	445	535	539
Overall QOF exception reporting	6.1%	5.1%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <small>(QOF)</small>	N
During the inspection we found that the provider held monthly multidisciplinary team meetings and fortnightly multidisciplinary team huddles; they had specific meetings for adults, children and vulnerable patients.	

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>	83.7%	95.6%	95.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (7)	0.6%	0.8%	

Any additional evidence or comments: Unverified QOF results for 2017/18 provided by the practice indicated that the practice had improved outcomes in this area. See below:

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months has increased from 83.7 to 90.5%.

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice recorded patient consent on an electronic template in their patient management system

for procedures including cervical smears and immunisations.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	31
Number of CQC comments received which were positive about the service	24
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	4

Examples of feedback received:

Source	Feedback
Comments cards	<p>Most of the patients were positive about the care received from the practice and indicated that the GPs, nurses and the reception staff were caring and they were treated with dignity and respect.</p> <p>Some of the patients indicated difficulty in getting appointments and getting through the surgery by phone.</p>
NHS Choices	<p>The practice had received 1.5/5 stars based on 89 ratings; the provider had responded to both positive and negative comments. Many patients indicated that receptionists were not very helpful. The provider was aware of this issue and informed us that they had put a consistent reception/admin team in place and had trained reception staff in customer care.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,704	380	74	19.47%	1.2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	50.8%	78.1%	78.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	80.6%	86.8%	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)	86.6%	94.6%	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)	72.1%	82.7%	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)	77.8%	89.9%	91.4%	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 treating them with care and concern (01/01/2017 to 31/03/2017)	82.9%	89.5%	90.7%	Comparable to other practices

Any additional evidence or comments:

The following are the 2018 national GP survey results (414 surveys sent; 59 returned; response rate of 14%):

- 87% of patients say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment compared to the CCG average of 88% and national average of 89%.
- 76% of patients say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment compared to the CCG average of 86% and national average of 87%.
- 83% of patients indicated that they had confidence and trust in the healthcare professional they saw or spoke to during their last general practice compared to the CCG average of 95% and national average of 96%.

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

Date of exercise	Summary of results
	<p>The provider obtained feedback through patient satisfaction cards; they received 18 responses:</p> <p>Ability to get through the surgery by phone: 80% satisfaction How quickly you go to see a doctor or nurse: 93.8% satisfaction The way you were treated by receptionists: 100% satisfaction How well the doctor or nurse listened to what you had to say: 100% satisfaction How well the doctor or nurse explained your problems or treatment you need: 100% satisfaction.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	The patients we spoke to indicated that they were involved in their decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	76.9%	85.4%	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)	67.8%	79.6%	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)	82.0%	88.7%	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)	69.3%	83.6%	85.4%	Variation (negative)

Any additional evidence or comments:

The following are the 2018 national GP survey results (414 surveys sent; 59 returned; response rate of 14%):

- 90% of patients indicated they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment compared to the CCG average of 91% and national average of 93%.
- 60% of patients indicated their overall experience of this GP practice as good compared to the CCG average of 83% and national average of 84%.

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which	Y

told patients how to access support groups and organisations.	
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	0.5%; 32 Carers
How the practice supports carers	The practice held monthly coffee mornings for carers; however, the practice informed us these were not well attended.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Reception staff ensured patient confidentiality at the reception desk. For example, patient letters and prescriptions were not kept near the reception desk.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
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

Appointments available	
Monday to Friday	9am to 12pm and 2:30pm to 5:30pm
Extended hours opening	
Saturday	8am to 11pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
The practice had an allocated GP who attended home visits where necessary.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,704	380	74	19.47%	1.2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	91.3%	79.7%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	26.2%	73.1%	70.9%	Variation (negative)
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)	76.0%	73.8%	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)	40.5%	72.8%	72.7%	Variation (negative)

Any additional evidence or comments:

The following are the 2018 national GP survey results (414 surveys sent; 59 returned; response rate of 14%):

- 34% of patients find it easy to get through to this GP practice by phone compared to the CCG average of 75% and national average of 70%.
- 65% of patients indicated they were satisfied with the general practice appointment times available compared to the CCG average of 68% and national average of 66%
- 63% of patients were satisfied with the type of appointment they were offered compared to the CCG average of 73% and national average of 74%.
- 43% of patients indicated their experience of making an appointment as good compared to the CCG average of 71% and national average of 69%.
- 84% of patients felt their needs were met during their last general practice appointment compared to the CCG average of 94% and national average of 95%.

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The practice had received 1.5/5 stars based on 89 ratings; the provider had responded to both positive and negative comments. Many patients indicated difficulty in getting through to the surgery by phone and difficulty in getting appointments. The provider was aware of this issue and informed us that they had put a consistent reception/administrative team in place and had trained reception staff in customer care and signposting to local support.

Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Example of how quality has improved in response to complaints

A patient complained about delay in getting their prescription because of incorrect information provided by the receptionist. The provider discussed this incident with the concerned staff and in a practice meeting. Following this complaint, the provider put a system in place so that prescription tasks were sent on the day of request to the practice pharmacist and in case the pharmacist is on leave the tasks were to be sent to GPs.

Well-led

Leadership capacity and capability

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

Leaders addressed the issues we had identified in the last inspection and made improvements within the practice; however, insufficient improvements have been made, with feedback from patients indicating they continue to experience difficulty accessing the service and further work required to embed the Patient Participation Group.

Vision and strategy

Practice Vision and values

Staff we spoke to indicate the following:

- Patient priority is always paramount.
- Give the best care to patients.
- Continue to improve the services provided and to become the surgery of choice for patients.
- Continue to improve customer service and patient outcomes.
- Support and retain good staff.

Culture

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

The staff we spoke to indicated that the culture of practice had changed since the last inspection. They told us that the clinical and administrative staff work together and they respect each other. Staff learn from their mistakes and work well as a team; we saw evidence to support this.

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

Source	Feedback
Reception/Administrative staff	Feel supported by the management and clinicians. Open culture. Good rapport between managers and staff. Issues are dealt with. Strong support network. Staff work well as a team.
Nursing staff	Always listened to
GPs	Two GPs indicated they work as lone clinicians some days and would like another clinician to be around at all times.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Staff accessed policies and procedures through a shared drive on the computer and through the provider's intranet site. We saw that all the policies were regularly reviewed and updated.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Managing risks, issues and performance

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

Any additional evidence
The provider undertook weekly health and safety and fire safety checks, identified and addressed risks appropriately.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice did not have an active patient participation group.

Continuous improvement and innovation

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

Audit area	Improvement
Monitoring of patients on Azathioprine and Sulfasalazine (disease modifying anti-rheumatic medicines)	The practice undertook a clinical audit to ascertain if patients taking azathioprine and sulfasalazine were monitored and prescribed appropriately according to evidence based guidelines. The first cycle of the audit included six patients on these medicines; they found that only 50%, three out of six patients had the required three-monthly blood tests before being given a repeat prescription. The second cycle of the audit included seven patients on these medicines; they found that only 71%, five out of seven patients on these medicines had the required three-monthly blood tests before being given a repeat prescription. There was an improvement; however, they still have not met the required standard of 100%. The practice contacted these two patients and their blood tests were undertaken. Following this audit, a recall date for blood tests were set on each patient's record. The practice had implemented a system so that only three active prescriptions could be issued for these patients; patients were also made aware of the importance of having three monthly blood tests.
Prescribing review of patients on Warfarin (medicine that increases the time that blood	The practice undertook a clinical audit to ascertain if patients taking warfarin were monitored and prescribed appropriately according to evidence based guidelines. The first cycle of the audit included 11

takes to clot)	patients on these medicines; they found that two patients were on repeat prescription who no longer needed to be prescribed this medicine and were discontinued from repeat records. In the remaining nine patients only six patients (67%) had their blood test results recorded; only four patients had their dosage of medicine recorded. The second cycle of the audit included eight patients on these medicines; they found that all eight patients (100%) had their blood test results recorded; however, only six patients (75%) had their dosage recorded. There was a significant improvement in the documentation of blood test results; however, they still not have met the required standard of 100% for recording warfarin dosage. Following this audit, the practice had introduced a warfarin prescribing and monitoring protocol and had regular communication at team meetings to improve compliance.
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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](#)).