

# Care Quality Commission

## Inspection Evidence Table

### Foden Street Surgery (1-3233997245)

Inspection date: 23 October 2018

Date of data download: 09 October 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.	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*
One personnel record was reviewed for a staff member employed in 2014. We found that there was a satisfactory Disclosure and Barring Service check in place, but this was requested by another service and the practice held a copy. The practice chose to undertake a Disclosure and Barring Service check on the day of the inspection and following the inspection forwarded a copy of a completed risk assessment.	

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 person Date of last inspection/Test:	Y 28/06/2018
There was a record of equipment calibration Date of last calibration:	Y 11/10/2018
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	Y 20/09/2018
Actions were identified and completed.	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y 05/09/2018
Health and safety risk assessment and actions Date of last assessment:	Y 05/09/2018

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified  Detail: The practice provided evidence on the actions taken to its Infection and Prevention Control (IPC) audits. For example, they replaced window ledges, worn chairs, ensured waste bins had lids as well as being foot operated, ensured there was an appropriate lock for the cleaning cupboard, that all staff completed IPC mandatory training.	Y July 2018 Y

The arrangements for managing waste and clinical specimens kept people safe?	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 unwell patient and had been given guidance on identifying such patients.	Y
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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.76	1.05	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	5.2%	6.7%	8.7%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)				

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).	Y*
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.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
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:</p> <p>Secondary care managed the monitoring of patients on high risk medicines (for example, warfarin, methotrexate and lithium) the practice had appropriate systems in place including clinical review prior to prescribing.</p> <p>The practice staff used appropriate cool boxes to transport any vaccines for example during home visits, however there was no temperature check log completed to demonstrate these were maintained within the ranges of 2-8 degrees Celsius. During the inspection a system was implemented to ensure</p>	

this took place.

The local Clinical Commissioning Group (CCG) medicines management team visited the practice on a regular basis which included monitoring the prescribing of controlled drugs practice.

### 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.	14
Number of events that required action	14

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

Event	Specific action taken
A patient had a seizure in the reception area.	The practice reviewed the actions taken by staff during this emergency. They found that all staff had acted appropriately to ensure the best outcome for the patient. This positive learning was cascaded to practice staff at their weekly meeting and at their joint clinical governance meeting.
A GP noted that a patient had not made a repeat medicine request for antidepressants.	On investigation the GP ascertained that the pharmacy had dispensed a higher dose of the patient's medicine. The patient had chosen to cut the tablet in half and therefore the tablets had lasted twice as long.  The GP issued a prescription and flagged to the pharmacy that the correct dose must be issued. This was reported as an incident via the DATIX system so that learning could be shared.
Vaccine fridge incident	The practice regularly monitored the temperature of the vaccine fridge. During these checks they found that the temperature read 8 degrees Celsius internally and 8.3 externally. They were checked at 7.40am and at 3pm. The practice found that potentially the vaccines could have been exposed to temperatures of 8 degrees or higher. This was reported to Public Health England. The practice completed an incident form to the immunisations team. The fridge items were immediately quarantined and transferred to another fridge. The practice fridge was replaced, and new vaccines ordered.  The incident was discussed with the practice and clinical teams as well as at a joint clinical governance meeting. The practice purchased data loggers and the nurses found improved data recording consequently. This shared learning with another practice meant that they also implemented change to reduce risk.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Safety alerts are received into the practice via the practice manager and to the joint clinical meeting practice manager. These are logged onto a spreadsheet and distributed to staff. Clinical staff review the alerts and request patient record searches to be completed. The GPs review the searches and completes any appropriate actions and document these onto the spreadsheet/log. The patient safety alerts were discussed at the joint clinical meetings as a regular agenda item.</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) (01/07/2017 to 30/06/2018) (NHSBSA)	1.18	0.94	0.83	Comparable with 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)	72.2%	76.8%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (3)	9.1%	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)	84.7%	80.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (8)	7.5%	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)	84.7%	83.0%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (8)	11.4%	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)	78.2%	78.0%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (6)	6.2%	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)	92.4%	90.8%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (2)	10.1%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	85.2%	84.1%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (7)	3.1%	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)	89.4%	89.6%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (2)	7.3%	8.2%	
Any additional evidence or comments				
The practice demonstrated they were the fourth lowest overall antibacterial drug prescribing practice within the Stoke CCG between April 2017 and March 2018.				

## 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)	37	37	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)	33	37	89.2%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C	34	37	91.9%	Met 90% minimum (no variation)

(MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)				
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)	34	37	91.9%	Met 90% minimum (no variation)

#### Any additional evidence or comments

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) was slightly below the 90% target. The practice was aware of the four patients that this represented and were able to evidence improvement in their 2017 to 2018 child immunisation indicators.

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)	64.7%	70.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.2%	72.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	48.2%	52.1%	54.6%	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)	66.7%	70.7%	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)	44.4%	54.7%	51.6%	Comparable with other practices

#### Any additional evidence or comments

The practice's uptake for cervical screening was 64.7%, which was below the 80% coverage target for the national screening programme. The practice told us that they had taken measures to improve this and saw that cervical cytology screening uptake had improved to 75% in 2017 to 2018.

The practice's uptake for breast and bowel cancer screening was lower than the national average. The practice told us that they had taken measures to improve this they had contacted the local Health Improvement Practitioner who were keen to work with the practice to increase the uptake in 2019 and were able to offer to arrange to meet to discuss a number of initiatives around six to eight weeks before the next breast screening invites went out.

## 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)	84.2%	88.8%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.8%	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)	84.2%	92.0%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.1%	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)	92.3%	83.2%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.3%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	540	542	539
Overall QOF exception reporting (all domains)	3.0%	5.4%	5.7%

## Coordinating care and treatment

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

## 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)	98.2%	96.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (2)	0.5%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice electronic system for example in patient condition templates, prompted staff to discuss consent. The practice requested consent in immunisations and travel vaccination which were documented in their electronic systems and was auditable. Clinical staff including the health care assistant received training in the Mental Capacity Act and Deprivation of Liberty safeguards.

Any additional evidence
The practice had commenced documented written consent for minor surgical procedures.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	22
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
NHS Choices	There were 13 reviews over a 12-month period of visits. Seven of the reviews were positive with ratings of five stars and six negative reviews of between one and two-star ratings. Negative reviews included reception staff attitude and approach and telephone accessibility. Positive reviews included the care and treatment received from the GP and staff.
CQC Comment cards	Patients reported that staff were approachable attentive kind and respected and listened to their views. Several staff including the Lead GP, practice nurse and reception staff were singled out for praise.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3597	315	93	29.5%	2.59%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	85.6%	88.4%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	71.3%	86.5%	87.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	90.8%	94.9%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	78.3%	83.1%	83.8%	Comparable with other practices
<b>Any additional evidence or comments</b>  The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern was lower than the CCG and England averages. The practice demonstrated that changes had been made to improve staff care and concerns including staff training, attendance at practice meetings and in seeking patient views with their in-house survey.				

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

Date of exercise	Summary of results
June 2018	<p>The practice received views on the practice and its services from 78 patients. This data was further categorised, and the findings were that 65% of patients who responded were female, 30% were male and 5% of patients preferred not to identify their gender. Of the 78 patients who completed the survey, 42% stated they had a long-term illness/condition, 51% stated that they had not and 7% preferred not to answer this question. When asked about any disability, 14% stated they had a disability, 77% had not and 9% did not respond.</p> <p>This showed overall:</p> <ul style="list-style-type: none"> <li>• 65.39% of patients rated the ability to get through to the practice over the telephone either good, very good or excellent.</li> <li>• 93.58% of patients felt that staff were helpful.</li> <li>• Only 1.28% if patients felt that the opening hours of the practice were fair or poor.</li> <li>• 26.93% of patients felt that the choice of appointment times (AM and PM) could be improved.</li> <li>• 87.18% of patients felt that the waiting times upon arrival at the surgery for their</li> </ul>

	<p>appointment was good, very good or excellent.</p> <ul style="list-style-type: none"> <li>Only 5.13% of patients felt that the quality of care from doctors at the practice was fair or poor.</li> <li>No patients stated that the quality of care of the nursing staff could be improved.</li> <li>93.59% of patients felt that the quality of service provided by the surgery was good, very good or excellent.</li> <li>Only 3.84% of patients felt that accessibility of the practice could be improved.</li> </ul> <p>The practice also collated patients' comments to use to inform the direction of change within the practice.</p>
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## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with a family group. They found that the practice staff involved them in decision making about care and treatment of both themselves and their children.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	88.4%	92.0%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 98 carers (2.7%) who either were registered with the practice or provided care to a person registered at the practice.
How the practice supports carers	The practice offered NHS health checks, flu vaccinations, provided support via the practice Care Co-Ordinator and signposting to local and national carer

	associations.
How the practice supports recently bereaved patients	The practice contacted bereaved patients offered an appointment at the practice should they require this. The practice had produced a bereavement pack with signposting information to local support services as well as providing information within the practice reception waiting area.

## 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	The practice requested that patients respect each other's privacy by standing back from the reception desk and approaching the desk one at a time.

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

## Examples of specific feedback received:

Source	Feedback
CQC comment cards	We received 22 comment cards, and all were positive about their experience at the practice. They reported on the empathetic approach of staff, that their dignity and respect was maintained, and that staff demonstrated patience and listening skills. One card commented that their child liked the GP and was not scared to come to this practice.



# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6pm
Tuesday	8am-6pm
Wednesday	8am-6pm
Thursday	8am-1pm
Friday	8am-6pm

Appointments available	
Monday	08:30 - 11:30 & 14:10 - 17:30
Tuesday	08:30 - 11:30 & 14:10 - 17:30
Wednesday	08:30 - 11:30 & 14:10 - 17:30
Thursday	08:30 - 11:40
Friday	08:30 - 11:30 & 14:10 - 17:30

Extended hours opening	
<p>North Staffordshire GP Federation Extended Hours Primary Care Services Programme: Monday to Friday 4pm to 8pm &amp; Saturday 9am to 4pm at five locations:</p> <ul style="list-style-type: none"> <li>• Hanley Primary Care Access Centre ST1 1LW</li> <li>• Haywood Hospital ST6 7AG</li> <li>• Bradwell Community Hospital ST5 7NU</li> <li>• Longton Cottage Hospital, ST3 4QX</li> <li>• Leek Moorlands Hospital ST13 5BQ</li> </ul>	

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	
<p>Reception staff had received care navigation training to assist patients in deciding the most appropriate clinical staff and appointment to meet their needs. Reception staff tasked the GP via their electronic system of a patient request for a home visit with notes on the information provided by the patient. The GP tasked the reception staff after contact with the patient and assessment to book the home visit.</p> <p>In the event that a home visit was required after 1.30pm and no home visit slots remained the GP could refer the patient into the acute home visiting service. This service provided home visits for patients and the GP who completed the home visit had access to patients' electronic records.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3597	315	93	29.5%	2.59%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	86.8%	93.9%	94.8%	Comparable with other practices

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	68.0%	65.8%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	64.0%	68.5%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	57.7%	68.7%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	64.8%	76.1%	74.4%	Comparable with other practices

### Any additional evidence or comments

The practice patients from September 2018 had access to North Staffordshire GP Federation Extended Hours Primary Care Services Programme which operated from Monday to Friday 4pm to 8pm & Saturday 9am to 4pm at five locations:

- Hanley Primary Care Access Centre ST1 1LW
- Haywood Hospital ST6 7AG
- Bradwell Community Hospital ST5 7NU
- Longton Cottage Hospital, ST3 4QX

Indicator	Practice	CCG average	England average	England comparison
<ul style="list-style-type: none"> <li>Leek Moorlands Hospital ST13 5BQ</li> </ul>				

Examples of feedback received from patients:

Source	Feedback
CQC comments cards	Twenty-two comment cards were received and one reported that an additional GP would be useful to reduce waiting times to see the patients preferred GP. Another commented that the wait time once arrived for their appointment did not always run to time and appreciated that this was not always possible due to emergencies.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year. (January 2018-October 2018)	13
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
The practice complaints managed maintained a spreadsheet log of all complaints, comments/verbal complaints and compliments.	

Example of how quality has improved in response to complaints
<p>A patient complained about the availability of the practice travel vaccination service which was unavailable as a practice nurse was on annual leave. The practice acknowledged receipt of complaint and offered a suitable appointment for the patient for vaccination but also confirmed to the patient that they would respond to the complaint formally in writing.</p> <p>The complaint was reviewed at the practice joint clinical governance meeting. The practice contacted their Local Medical Committee for guidance. They agreed a commitment could be made between two practices to cover each other's travel vaccination program when nursing team members were on annual leave and unable to acquire locum cover. This ensured continuity of care and treatment for patients travel vaccination needs.</p>

# Well-led

## Leadership capacity and capability

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

Leadership was inclusive and whole staff meetings took place to ensure key information and learning was shared throughout the whole team as well as joint clinical governance meetings with another practice in their locality.

The practice was actively attempting to recruit a GP to the practice and until this could be achieved a long-term locum GP provided additional GP support were required. The practice had however successfully recruited a self-employed locum nurse practitioner/prescriber who provided 0.4 whole time equivalent hours. The managerial and leadership structures in place were clear. The team were enthusiastic and keen to make any identified improvements.

The practice staff were aware of health promotion challenges for example they had prioritised areas for improvement and implemented action plans in relation to cervical screening. We saw that uptake for cervical cytology screening had improved as a result.

### Any additional evidence

The practice had an action plan to meet the needs of its registered population whilst bearing in mind the aims and objectives of the wider health economy. These included for example:

- A QOF action plan
- Attempts to improve patient engagement, through surveys, and via the PPG
- Participation in the local GP Federation extended hours which commenced in September 2018
- Recruitment of a self-employed nurse practitioner prescriber
- Regular joint clinical governance meetings
- Provided chaperone training for staff.
- Carried out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Ensured health and safety checks are undertaken at the recommended timescales.
- Improved the number of carers registered.
- Improved the arrangements for advising patients of the appointment system.
- Made the complaints and suggestions leaflet more readily accessible to patients.

## Vision and strategy

### Practice Vision and values

The practice had a mission statement in place which was posted in several areas of the practice. Staff we spoke with were aware of and engaged with the practice vision and values.

The documented business plan included how the practice would continue to work with others to improve the quality of service and access to care and treatment for their patients. This included for example, recruiting where able a mixed age range into the Patient Participation Group (PPG), reviewing appointment systems to co-ordinate patient appointments so they may be seen by two different clinical staff members on the same day when required for example for annual long-term condition reviews. The practice would continue to work with another practice in their joint clinical governance meetings.

## Culture

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

Staff reported that they could raise any issues, and this was encouraged informally or in practice meetings. Staff were actively encouraged to attend role-specific training. The practice management, clinical staff and staff met during the inspection felt fully supported by each other and described the practice as fostering a family like atmosphere, open and approachable.

Staff reported they had worked hard as a team to make improvements and they felt the improvements had been sustained. Staff reported they felt respected and valued and there was an 'open-door' policy

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

Source	Feedback
Patients	Patient Participation Group (PPG) This enabled the practice to discuss developments with patient representatives and to receive feedback to support changes within the service. The PPG have helped support health awareness events.
Patients: In-House Survey	These have been used to evaluate the impact of service developments on the patient experience. This has been particularly useful in the absence of any recent patient survey data.
Patients: Friends and Family Test	The practice received a number of responses in relation to the friends and family test. Information was analysed monthly to help identify areas for improvement.
Public patients: NHS Choices	The practice had reviewed this data to identify priority areas to focus on for improving the service. Improving patient access was the main area identified which the practice had been working to address. The practice reviewed and responded to the comments left through NHS Choices about the service.
Staff	Staff had opportunities to meet as a whole team. This enabled communication with staff to ensure they all received consistent information and had opportunities to feedback any ideas and areas for improvement.
External: Joint Clinical Governance Meetings	The practice met with another practice at proactive joint clinical governance meetings every two weeks. They shared the meeting agenda which included, learning from incidents events and complaints, discussed patient safety alerts and local improvement schemes.
External: Community teams	The practice met regularly with the community teams such as District Nurses, Palliative Care Nurses and substance misuse workers to co-ordinate and plan care to some of the practice's most vulnerable patients. The practice contacted the local hub for contact with Health Visitors.
External; Clinical Commissioning Group	The practice worked to achieve CCG led initiatives supporting service improvement aimed at improving patient care. Priorities included issues such as improved medicines management.
Medical student trainees	The practice was an accredited training practice for Keele University medical students. The practice demonstrated that students had provided positive feedback about their experiences at 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	Yes
Other examples	There were clear lines of accountability in relation to administrative workflow processes, safeguarding, infection control, recall systems, performance data and clinical governance. The practice management demonstrated clear governance arrangements, for example monitoring health and safety, receipt of patient safety alerts and monitoring of complaints and incidents. Staff reported they had clarity around their roles and the governance arrangements in place.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
<p>The practice held meetings to discuss incidents and events, complaints and governance issues of which there were minutes available for staff to access. These included:</p> <ul style="list-style-type: none"> <li>• All staff meetings.</li> <li>• Nurse meeting on a Friday for 30 minutes.</li> <li>• Supervision, training and education meetings.</li> <li>• PPG meetings.</li> <li>• Competency and training meetings for medical students and competency checks practice nurse and nurse prescriber.</li> <li>• Appraisals and revalidation.</li> <li>• Multidisciplinary meetings.</li> <li>• Joint clinical governance meetings with another practice.</li> </ul>

## Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection Prevention and Control (IPC) audits.	The practice completed regular IPC audits. They produced an action plan and implemented changes. For example, identified from the infection control audit and risk assessments, funding for replacement of worn chairs, new window ledges were approved, and the practice completed the refurbishments.
Chaperone training	Since the last Care Quality Commission inspection all staff who provided a chaperone service had completed appropriate training.

Any additional evidence
Most but not all staff understood what was meant by a major incident plan. All provided evidence of who they would contact and how they would respond as a team for example in the event of a fire. It was clear that there was a major incident/business continuity plan and copies were held off site by key staff members.

## 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
<p>The Patient Participation Group (PPG) found that the practice listened to their views and acted where appropriate to their feedback. The PPG met on a quarterly basis and minutes of these meetings were available. The PPG advertised to recruit further members including a younger demographic.</p> <p>The PPG feedback that they had seen improvements in GP service provision at the practice with the availability of appointments and the recruitment of another nurse who was a qualified prescriber.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
Minor surgery audit	<p>All patients who had minor surgery between 1st April 2018 to 30 Sept 2018 notes were reviewed. All had verbal consent documented, one had had delay in wound healing but no infection.</p> <p>They reviewed the documentation and found that written consent was not in place. The action following the audit included implementing a written minor surgery consent form. We saw evidence of the consent form to be used during the inspection. The practice planned for the audit results to be shared at their March 2019 joint clinical governance meeting.</p>
<p>To increase the identification of patients with chronic kidney disease (CKD) against prevalence and to ensure they were offered appropriate treatment.</p> <p>(CKD is a condition characterised by a gradual loss of kidney function over time).</p>	<p>The practice reviewed prevalence which was compared year on year, for example, in 2014/15 the practice register findings were that 2.66% of the practice registered population had chronic kidney disease,</p> <ul style="list-style-type: none"> <li>• 2015/16 2.42%</li> <li>• 2016/17 1.90%</li> <li>• 2017/18 2.45%</li> <li>• The completed audit included searches of the practice electronic systems. The practice identified that there were seven patients who had not been added to their chronic kidney disease (CKD) register.</li> <li>• Four patients were not contactable by phone, so letters were sent, 15 patients had associated CKD electronic read codes but were not on the CKD register and nine patients were aged over 75 years and had not had a Glomerular filtration rate (GFR) in the past three years, (GFR is a test used to check how well the kidneys are working). Three patients were aged over 75 years and the practice invited them to attend for a holistic health assessment.</li> </ul>



## 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](#) ).