

# Care Quality Commission

## Inspection Evidence Table

### St Lukes Surgery (1-595961475)

Inspection date: 21 August 2018

Date of data download: 08 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.	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
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:</p>	<p>Y February 2018</p>
<p>There was a record of equipment calibration Date of last calibration:</p>	<p>Y</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Y</p>
<p>Fire procedure in place</p>	<p>Y</p>
<p>Fire extinguisher checks</p>	<p>Y</p>
<p>Fire drills and logs</p>	<p>Y</p>
<p>Fire alarm checks</p>	<p>Y</p>
<p>Fire training for staff</p>	<p>Y</p>
<p>Fire marshals</p>	<p>Y</p>
<p>Fire risk assessment Date of completion</p>	<p>Y February 2018</p>
<p>Actions were identified and completed.  Following the fire risk assessment 15 out of 26 actions had been completed. The leadership team at the practice were aware of this and had an action plan for all outstanding actions which was monitored monthly. Each outstanding action was coded in accordance to risk level and urgency. We saw that actions had been undertaken since our last inspection.</p>	
<p><b>Health and safety</b> Premises/security risk assessment? Date of last assessment:</p>	<p>Y  August 2018</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>Y August 2018</p>
<p>Additional comments:  The practice had undertaken a risk assessment for water systems at the location and branch surgery, this included legionella risk assessments in June 2018. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. We saw the practice had undertaken checks of the water temperature, each month, in accordance to the policy and procedure.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place  Date of last infection control audit:  The practice acted on any issues identified</p> <p>Detail:  The provider had enlisted support from the infection control lead at West Hampshire Clinical Commissioning Group to undertake a full infection control audit in April 2018 for both the practice and the branch. Results showed a compliance score of 67%. The practice had implemented an action plan with timeframes to complete all actions outstanding. For example, the action plan stated that all non-wall mounted soap dispensers had to be replaced by wall mounted soap dispensers by May 2018. We saw that this action had been completed. We saw that the practice had completed 35 out of 37 actions. The two outstanding actions were in progress.</p>	<p>Y  April 2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Y</p>

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Partial
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
<p>Explanation of any answers:</p> <p>There was a system in place to cover busy periods which included the use of locums, and online consultation with an independent provider who had been contracted to provide 40 appointments per week for patients registered at the practice. However, the leadership team were aware that there were clinical vacancies to fill and were proactively recruiting. For example, the practice had appointed a practice nurse in August 2018 to increase patient appointments.</p>	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.91	0.89	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)	15.8%	11.5%	8.8%	Variation (negative)

### Any additional evidence

The practice was aware that 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 was higher than local and national averages. The practice had invested in a new organisational structure and systems to address prescribing, but these were not yet fully embedded.

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
For remote or online prescribing there were effective protocols in place for identifying and	Y

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.	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

## 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.	65
Number of events that required action	65

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

Event	Specific action taken
Following a weekend, staff discovered that blood samples which should have been collected the previous Friday had not been collected	The practice contacted relevant patients, apologised and booked another appointment to collect samples. The practice reported the incident to the collection company and implemented a system for staff to check that samples had been collected each day.
Staff noticed that a fridge which was used to store medicines that required refrigeration was higher than the recommended temperatures.	Staff moved the medicine to another fridge and sought advice from the manufacturers and destroyed any affected medicines. The practice purchased data loggers to record the temperatures of each fridge used to store medicines. The practice reviewed the results each week to ensure that temperatures of each fridge had not been recorded as higher or lower than the recommended temperature.
The practice used a coding system to indicate if a patient had a long-term condition. Staff noticed that a patient who had type 2 diabetes had been recorded as having type 1 diabetes.	The practice undertook an audit of all patients who had diabetes to ensure they had been coded as having the correct type of diabetes. Staff who were responsible for applying codes to records for patients who had a long-term condition, were provided with further training.

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>Significant events were now managed by the patient services manager. All staff could access significant events forms and referred them to their line manager, who undertook an investigation. At the time of our inspection, the system had been recently updated and not all staff knew how to access the significant event form or who managed the significant events. This was rectified on the day of inspection. Learning was shared with relevant staff members and discussed in team meetings. The practice held significant event analysis meetings four times a year.</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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.56	0.70	0.84	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)	81.4%	81.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.5% (96)	17.6%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	75.9%	77.4%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.6% (88)	12.7%	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)	86.2%	82.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.1% (82)	16.0%	13.3%	

Other long-term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	86.8%	76.7%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.9% (102)	12.2%	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)	93.4%	93.0%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (21)	15.7%	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)	79.5%	83.1%	83.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (101)	4.9%	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)	93.2%	90.0%	88.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (8)	7.4%	8.2%	

**Any additional evidence or comments**

The practice was aware that some exception reporting results were higher than local and national averages. Following our inspection in February 2018, the practice had reviewed the process for exception reporting. Additional staff had been recruited to oversee the system of recalling patients who had long term conditions for relevant health checks. A performance lead and administrator ran searches each month for patients who were due to be reviewed and sent a written invitation to patients on three separate occasions before exception reporting patients who had not attended an annual health check appointment.

The practice had also recruited a respiratory nurse who had undertaken weekly clinics for patients with asthma and chronic obstructive pulmonary disease (COPD) since July 2018.

The practice had undertaken an audit of exception reporting results in August 2018 and found an improvement in exception reporting in nine clinical areas that had been higher than local and national averages. For example, the practice reported that 11% of patients with asthma had not attended an annual review within the last 12 months, compared to 12% of patients who had not attended a review in the preceding 12 months. 4% of patients with COPD had not attended an annual review in the last 12 months compared to 7% of patients with COPD who had not attended an annual review in the preceding 12 months. This data has not been externally verified.

## 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)	167	173	96.5%	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)	180	194	92.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	179	194	92.3%	Met 90% minimum (no variation)
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)	180	194	92.8%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening 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)	79.6%	75.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.7%	76.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	68.0%	65.0%	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)	63.4%	73.4%	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)	49.2%	54.8%	51.6%	Comparable with other practices

## People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	89.8%	92.3%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (6)	14.9%	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)	93.3%	92.0%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (5)	13.0%	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)	81.0%	84.5%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (3)	7.1%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	551	539
Overall QOF exception reporting (all domains)	6.5%	5.8%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	N
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>Any further comments or notable training:</p> <p>All staff had completed mandatory training.</p> <p>Managers were responsible for ensuring induction, training and appraisals processes were completed by all staff. There was an overview system of training in place which indicated when staff were due to have refresher training. However, there was not an overview system in place to monitor when nurses were due to undertake specialist refresher training. For example, for the administration of vaccines. The practice relied on individual nurses to identify when refresher training was due. We discussed this with the practice who subsequently implemented an overview system of specialist training for nurses.</p> <p>Not all staff had received an appraisal within the last 12 months. Following our inspection in February 2018, during which we had found that not all staff had received an appraisal, the practice sent us a copy of the action plan which indicated that all appraisals would be completed by November 2018. At this inspection we found that managers were responsible for ensuring all staff received an appraisal every year. The practice had updated the appraisal form and all line managers of reception, administration and secretarial teams had received appraisal training. Two out of nine clinicians had received an appraisal within the last 12 months. None of the administration staff had received an appraisal within the last 12 months. The practice had not scheduled dates to complete staff appraisals.</p> <p>The practice had not scheduled dates for appraisals to be undertaken. However, staff told us that they felt supported by line managers and changes had been communicated via staff meetings and notifications.</p>	

## 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)	96.0%	94.6%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (7)	0.7%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice had documented written consent in patients' records when undertaking minor surgery procedures. The practice had documented verbal consent in patients' records when administering vaccines.



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	7
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards	Comment cards stated that staff were kind, caring and understanding. Patients stated that they felt listened to and staff had treated them with respect and dignity. Negative comments related to access to appointments.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,944	228	104	45.61%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	56.8%	82.5%	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)	89.3%	91.3%	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)	98.3%	96.9%	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)	86.2%	87.8%	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)	93.0%	93.8%	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)	92.5%	92.4%	90.7%	Comparable with other practices

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

Date of exercise	Summary of results
Annually (April 2017-June 2018)	The practice had conducted a patient survey and provided us with a summary of feedback from April 2017 to June 2018. The result was broken down per month with the biggest response being received in August 2017 with 48 responses.

Any additional evidence
<p>Since the last inspection the practice had undertaken a review of the feedback collected in the friends and family test as well as the 2017 and 2018 GP patient survey results. From this review the practice had identified key themes as learning points and what actions they had taken to address these concerns. For example, the practice had identified that one of the main reasons for patients not recommending the practice was due to a lack of routine appointments available to patients. In response the practice had continued to focus on the recruitment of clinical staff and had recruited a respiratory nurse, sourced a regular locum GP and appointed a practice nurse in August 2018.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us that GPs and nurses were good at involving them in decisions about care and treatment, and explaining test results or different treatment options to them.

## 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)	85.3%	89.1%	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)	86.0%	84.9%	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)	89.2%	91.4%	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)	93.1%	87.4%	85.4%	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 in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	A total of 179 patients were identified as carers; this represented approximately 1% of the practice list.
How the practice supports carers	We saw information was available in the waiting room for carers. Staff signposted carers to local services and external support.  The practice's computer system alerted GPs if a patient was also a carer.
How the practice supports recently bereaved patients	A GP contacted bereaved patients by phone and offered them a GP appointment as well as signposting them to services and support available.

## 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 demonstrated that they knew how to ensure patients' confidentiality, for example, by not discussing patient identifiable information when using the telephone, which may be heard by patients at the reception desk. Reception staff told us that they could invite patients into a private room if they wished to have a private discussion with staff.

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	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	
	<p>Appointments were available between 8am and 6.30 pm.</p> <p>The branch site, Botley Health Care Centre, was open between 8.30am and 1pm every Monday and Tuesday, between 8.30am until 12.30pm and 2pm until 5pm every Wednesday. The branch was open between 8.30am until 12.30pm and 1.30pm until 5pm every Thursday, and between 9.15am and 1pm every Friday.</p>
Extended hours opening	
	<p>The practice did not offer extended hours appointments. When the practice is closed patients are directed to out of hours services by dialling the NHS 111 service.</p>

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	
Requests for home visits were triaged by the duty GP who arranged for the patients' own GP or the most appropriate GP to visit patients.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11,944	228	104	45.61%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	72.2%	81.4%	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)	38.8%	80.3%	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)	48.4%	82.3%	75.5%	Variation (negative)
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)	45.1%	77.4%	72.7%	Variation (negative)



### Any additional evidence or comments

The practice was aware that GP survey results were lower than local and national averages and had created an action plan to improve access to routine appointments. Since our last inspection in April 2018, the practice had recruited a respiratory nurse, had sourced a regular locum GP who was due to begin providing consultations in August 2018, and had appointed a practice nurse in August 2018.

The practice had sub-contracted minor operations and coil fitting services to another surgery owned by the Living Well partnership, who were providing those services to the practice's patients.

Since July 2018 the practice offered patients an online consultation service with an independent provider who had been contracted to provide 40 appointments per week for patients registered at the practice. The practice had completed an audit of patients who had provided feedback about this service. Results showed that 18 out of 21 patients had rated the service five out of five stars, two patients had rated the service four out of five stars, and one patient had rated the service three out of five stars. At the time of inspection, the practice had been offering this service for three weeks and had not completed an audit of formally monitoring the safety of prescribing for patients who had used this services.

GP partners from the Living Well Partnership undertook consultations at the practice and the branch surgery during busy periods.

GP Patient survey 2018 results, showed that patient satisfaction with access to the practice had not improved. For example, 31% of patients who responded to the GP survey, found it easy to get through to this GP practice by phone.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice was rated 2 out of 5 stars. Comments included not being able to book a routine appointment or access the practice by phone.
Patient Interviews	All five patients that we spoke to told us they found it difficult to get through to the practice by telephone or book a routine appointment.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	54
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
Additional comments:	
<p>The practice had improved the process for responding to and learning from complaints since our inspection in February 2018. The practice had an overview system of complaints which identified themes and documented what actions had been taken, and how and when learning had been shared with relevant staff. The services manager for The Living Well Partnership manages the complaints for St Lukes Surgery.</p>	

Example of how quality has improved in response to complaints
<p>The practice had received a complaint from a local care home who were experiencing difficulty accessing the practice to arrange repeat prescriptions for patients living at the care home. We saw that practice had met with staff members to discuss the issue and had subsequently changed the procedure so that staff at the care home could contact the prescription clerks directly.</p>

# Well-led

## Leadership capacity and capability

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

Since our inspection in February 2018 the senior management structure had changed. At the time of this inspection the practice was in the process of merging with another GP practice, the Living Well Partnership. GP partners from the Living Well Partnership were named, as well as the two GP partners at the practice, on the contract held with the Clinical Commissioning Group for being responsible for delivering services to patients. Senior managers had assumed responsibility for overseeing different areas of governance and leadership and had implemented an organisation hierarchy of line management and responsibility. The Living Well Partnership appointed an operations manager in April 2018 who had responsibility for managing patient workflow, secretarial and IT systems, performance and records management at the practice and branch surgery. The Living Well Partnership's central services had taken over responsibility for managing human resources and payroll and facilities management at the practice and branch surgery. The Living Well Partnership had appointed a nursing services lead in July 2018 who was responsible for overseeing training, appraisals and support of the nursing staff at the practice.

Staff had been informed of the recent changes to the organisation and management through meetings and weekly notifications. Staff that we spoke to told us that they felt supported and positive about the recent changes.

### Any additional evidence

The practice was in the process of merging all systems, policies and procedures with the Living Well Partnership. However, not all systems had been implemented. Staff at the practice were not able to access all online policies and procedures. However, staff were able to access paper copies. For example, on the day of inspection, we found that the control of substances hazardous to health (COSHH) policy and procedure was not accessible at the branch site. We discussed this with managers who subsequently ensured staff at the branch site were able to access the policy.

## Vision and strategy

### Practice Vision and values

The practice's vision was to provide high quality, local General Practice and community services to improve holistic health, through partnership, collaboration and developing new services.

## Culture

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

During our inspection in February 2018 staff had told us that there was a lack of openness and transparency from leaders with regards to involving staff in decisions about the practice or informing them of changes. We had also found low levels of staff satisfaction and high levels of stress and work overload.

At this inspection staff told us that leaders were open and transparent and involved them in decisions about the practice. Staff told us that morale was improving as new staff had been appointed and there

were clearer systems of procedures in place. For example, the practice had appointed a reception and site lead in April 2018. We saw that reception staff had received monthly team meetings and reception staff told us that levels of stress and work overload had reduced.

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

Source	Feedback
Staff Interviews	Staff told us that since our inspection in February 2018, the organisational structure had now been implemented and staff now had clarity who had responsibility to make decisions and understood the roles and responsibilities of all staff, including managers.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had reviewed the induction of new staff policy and procedure. The new procedure including a check list and time frame of induction which now included safeguarding training to be undertaken as mandatory training. We saw that new staff had received probation reviews after one, six and 13 weeks and all actions on the check list, including mandatory training had been completed.
Learning from complaints and significant events	The practice had improved systems to review complaints and significant events. We saw that the practice had been transparent and open with patients, had responded appropriate within set timeframes and documented what action had been taken, and lessons learned had been shared with staff on each occasion.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
The practice had implemented a new system of communication with staff to compliment monthly meetings via 'postcards' which was sent to all staff members each week. The postcards included, learning from recent significant events, organisational updates, reminders and staff questionnaires. For example, we saw one postcard included a link for staff to complete regarding suggestions and feedback for a new staff uniform.

## Managing risks, issues and performance

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

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection prevention and control	The provider had enlisted support from the infection control lead at West Hampshire Clinical Commissioning Group to undertake a full infection control audit in April 2018 for both the practice and the branch. Results showed a compliance score of 67%. The practice had implemented an action plan with timeframes to complete all actions outstanding. We saw that the practice had completed 35 out of 37 actions. The two outstanding actions were in progress.
Practice's action plan following inspection	The practice had a detailed action plan for all areas of improvement required following our inspection in February 2018. The action plan

February 2018.	detailed what action had been taken, next steps and completion date. We saw that all identified actions had either been completed or were on track to meet the planned completion date. For example, the practice had set a completion date in October 2018 to undertake all staff appraisals. We saw that the practice had reviewed the appraisal procedure, implemented new appraisal forms and undertaken appraisal training for appraisers.
Data protection	At our last inspection in February 2018, we found that the practice was investigating a serious data protection breach whereby patients private email addresses were circulated to the patient reference group in January 2018. At this inspection we found that the breach had been investigated and concluded. The practice had documented the incident as a significant event and lessons learnt had been shared with relevant staff. The practice had suspended group emails until it had implemented the new 'mass email' policy and procedure in line with their general data protection regulations (GDPR) policy.

## 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) had eight members who meet every two months and also has virtual members who communicate via email. The PPG told us that senior managers attend meetings and are open and transparent regarding changes and improvement. The PPG told us that the practice listened to suggestions that the PPG made. For example, following the PPG's suggestion, the practice had implemented a dedicated 'cancellation of appointments' telephone number to improve telephone access for other patients. The PPG communicate to patients by providing information on the practice's website and in the patient's waiting area.</p>

Any additional evidence
<p>The Clinical Commissioning Group told us that the practice had been very engaged in working with the CCG to address issues and implement positive changes and outcomes for patients.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
<p>Reviews of patients who took a named anticoagulant medicine. (Anticoagulant medicine is used to prevent the risk of blood clots)</p>	<p>The practice undertook an audit to see how many patients who were being prescribed anticoagulant medicine had received blood monitoring within the recommended time frames. Results showed that 48% of patients were overdue a blood monitoring review. The performance team took over the responsibility for inviting patients in for blood monitoring reviews. The practice completed a second audit, results showed that 10% of patients were overdue a blood monitoring review.</p>
<p>High risk medicine blood monitoring</p>	<p>The practice undertook an audit to check that patients who were being prescribed high risk medicines, were receiving regular blood monitoring reviews. Results showed that 45% of patients were overdue a blood monitoring test. The performance team reviewed the system for inviting patients for blood monitoring test. The practice repeated the audit six months later and found that 20% of patients were overdue a blood monitoring test.</p>

## 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](#)).