

Care Quality Commission

Inspection Evidence Table

Lyme Regis Medical Centre (1-1051403692)

Inspection date: 22nd 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.	Partial
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
<p>Explanation of any answers:</p> <p>We saw that during recruitment and induction procedures staff were asked for information regarding their immunisation status. The practice told us that this information for all staff was held centrally by the provider, Virgin Care. The practice was not able to access this information on the day of inspection.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 20/04/18
There was a record of equipment calibration Date of last calibration:	Y 04/12/17
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 16/11/17
<p>Actions were identified and completed.</p> <p>All Actions identified in the most recent external risk assessment had been completed with the exception of one action relating to the hot water urn used by staff to make hot drinks. The risk assessment stated that the hot water urn posed a fire risk as staff were not able to see how much water was in the urn. The risk assessment identified that the hot water urn could ignite if boiling whilst empty. The practice had not replaced the urn and did not have a documented risk assessment or safe process for use of the urn at the practice. We discussed this with the practice who told us that they did not feel a risk assessment was required as using the urn posed no greater risk than utilising a kettle, however, we noted that the urn remained on throughout the day and could posed a potential risk.</p>	Partial
Health and safety Premises/security risk assessment? Date of last assessment:	Y 17/05/18
Health and safety risk assessment and actions Date of last assessment:	Y 10/08/18
Additional comments: <p>The practice had undertaken a risk assessment in December 2017 for the water system, this included legionella risk assessments. 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 week, in accordance with the policy and procedure to minimise risk from infection.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice had an infection prevention and control lead who undertook an annual infection control audit. The last audit showed that the practice was 98% adherent to the practice's infection control policy and procedure. The infection prevention and control lead also undertook an audit every six months to check the hand washing technique of clinical staff. All staff had completed infection prevention and control training.</p>	<p>Y</p> <p>20/12/17</p> <p>Y</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.	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
Explanation of any answers: All staff had undertaken training to identify sepsis and in basic life support.	

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)	1.11	0.94	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	8.8%	7.9%	8.8%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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 verifying the patient in line with General Medical Council guidance.	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

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.	43
Number of events that required action	43

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

Event	Specific action taken
A request for a home visit was sent as a task to a GP who was on holiday.	When the error was detected, staff phoned the patient, apologised and booked another home visit. We saw that this incident was discussed during team meetings. The practice changed the policy and procedure for the allocation of home visits which were subsequently triaged by the duty GP.
Over the course of a weekend, temperatures within the minor injuries unit, where some medicines were stored, exceeded 25°C. This was above the recommended parameters for the storage of some medicines.	The practice moved all medicines to a cooler room, sought advice and destroyed all affected medicines. We saw that this incident had been discussed during clinical meetings. Arrangements were put in place to check ambient temperatures every weekend.
A clinician had a needlestick injury.	The practice followed the needlestick injury policy and procedure and immediately drained and cleaned the wound. The clinician was referred to occupational health. The practice believed the incident had occurred due to faulty equipment and had subsequently reported the incident to the manufacturer. Lessons learnt were that clinicians did not have the needlestick injury procedure to hand, including relevant contact numbers. As a result, the practice updated the policy and displayed the new procedure within all clinical areas.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: The practice had an overview spreadsheet which identified when safety alerts had been received, what action had been taken and by whom.	

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)	0.65	0.82	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)	83.3%	82.5%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (32)	18.0%	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)	72.2%	78.5%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.1% (19)	12.2%	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)	68.0%	81.5%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.6% (35)	17.3%	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)	70.3%	76.6%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.8% (51)	11.7%	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)	72.7%	91.6%	90.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.0% (27)	16.0%	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)	82.5%	84.3%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (27)	5.3%	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)	90.7%	87.9%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (4)	9.6%	8.2%	
Any additional evidence or comments The practice was aware that the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review in the preceding 12 months, was lower than local and national averages. The practice told us they invited patients for annual reviews three times before exception reporting them. The practice was aware that some exception reporting results was higher than local and national averages. The practice had not identified the reason for this.				

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)	60	60	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)	23	23	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	23	23	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	22	23	95.7%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening 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)	76.1%	74.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	74.3%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	67.3%	62.5%	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)	43.6%	63.8%	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)	66.7%	51.2%	51.6%	Comparable with other practices
Any additional evidence or comments The practice had invited female patients to a 'women's health evening' in January 2018. The practice had provided information regarding cervical screening to over 40 patients who had attended.				

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)	96.0%	91.7%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (5)	14.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	87.0%	89.7%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.3% (7)	14.0%	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)	85.1%	86.4%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (2)	7.0%	6.8%	
Any additional evidence or comments				
<p>The practice told us that they had been involved in setting up a local memory café for patients who had been diagnosed with dementia. Three staff members volunteered to work at the café each week which promoted the knowledge and understanding of the needs of patients who had been diagnosed with dementia.</p> <p>The practice was aware that some exception reporting results was higher than local and national averages. The practice had not identified the reason for this.</p>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	548	539
Overall QOF exception reporting (all domains)	8.0%	6.6%	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.	Partial
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial

Any further comments or notable training:

The practice utilised an overview system of training which indicated that all staff were up to date with mandatory training and indicated when refresher training was due to be completed. 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.

We saw evidence that nurses with accredited MIU skill based qualifications operated the MIU at all times, and were appropriately trained and qualified to run the service effectively and safely. The provider organisation had taken action to source appropriate training for the nurses it employed to develop their MIU skills and competencies. This included a competency assessment framework for nursing staff, which included teaching, observation of practice for a number of skills, situations and medical conditions. Practice nurses, who were also qualified to deliver the MIU service, told us that they were in regular contact with the provider organisation's clinical lead for the MIU and regularly received relevant refresher training. For example, all practice nurses all attended a 'managing emergencies in general practice' training session in September 2018. The nurses also attended weekly clinical meetings and monthly clinical governance meetings at the practice.

We looked at one staff file which included evidence of recent training, qualifications and appraisal. However, staff files were held centrally at Virgin Care, the practice was not able to access personnel files for other staff members for us to view on the day of inspection. We saw that emergency contact numbers and next of kin details for all staff members were accessible to managers at the practice, in case of an emergency. The practice subsequently sent us copies of staff files which contained information regarding staff immunisation status, recruitment checks and

included copies of training certificates.

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)	93.4%	94.8%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (16)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>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.</p> <p>Patients attending the minor injuries unit were asked to complete a consent form to share details of the treatment provided, to their own GP. If patients had not wished to complete the consent form, the practice provided paper copies of treatment provided to patients.</p>

Any additional evidence
The practice had invited male patients to a 'men's health' evening in June 2018. The practice had provided information regarding available health checks, for example bowel cancer screening and had undertaken cholesterol checks. The practice told us that over 80 patients had attended.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	24
Number of CQC comments received which were positive about the service	20
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Comments cards	Comments included that staff were helpful, kind and welcoming. Staff were also described as considerate and caring. Two patients referred to not being able to see the same GP and two other patients referred to difficulty experienced when trying to access routine appointments.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,209	214	101	47.20%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	76.2%	84.4%	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)	86.8%	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)	99.3%	96.6%	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)	86.8%	89.2%	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)	94.4%	93.7%	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)	95.1%	93.2%	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
2018	The practice had developed its own patient survey which was to be made available to patients after our inspection. Questions aimed to gain feedback on access to a patient's preferred GP or nurse, access to routine appointments and ease of ordering repeat medicines.

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)	90.3%	90.0%	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)	78.1%	86.4%	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)	95.0%	92.2%	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)	91.9%	88.5%	85.4%	Comparable with other practices

Any additional evidence or comments

The practice was aware that patient survey results regarding patient satisfaction with GPs involving them in decisions about their care, was lower than local and national averages.

However, the most recent results for 2018 showed that this was an area that had improved. The GP patient survey results for 2018 showed that 96% of patients were involved as much as they wanted to be in decisions about their care and treatment during their last GP appointment compared to the clinical commissioning group (CCG) average of 96% and the national average of 93%.

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 139 patients were identified as carers; this represented approximately 3% of the practice list.
How the practice supports carers	<p>The practice had a carer's lead who was responsible for contacting newly identified patients who were also carers, to provide support and signpost to external services. Patients who were also carers were sent a carer's pack and were invited to receive annual flu vaccines.</p> <p>The carer's lead had arranged a coffee morning for patients who were also carers and members of the public. Voluntary organisations were invited to speak to patients, for example, the Alzheimer's society.</p> <p>The practice's computer system alerted GPs if a patient was also a carer.</p>
How the practice supports recently bereaved patients	GPs told us that they had supported patients that they had been directly involved in care and treatment, if they were bereaved by signposting to external services.

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	<p>Reception staff demonstrated that they knew how to ensure patients' confidentiality, for example, by not using the telephone whilst working behind the reception desk.</p> <p>Reception staff told us that they could invite patients into a private room if they wished to have a private discussion with staff.</p>

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	
	Appointments were available between 8am until 6.30pm, Monday to Friday.
Extended hours opening	
	The minor injury unit (MIU) was open between 8am until 8pm Monday to Friday and 8am until 1pm every Saturday and Sunday.

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
4,209	214	101	47.20%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	77.3%	83.8%	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)	97.5%	83.8%	70.9%	Variation (positive)
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)	72.1%	84.4%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	80.9%	81.7%	72.7%	Comparable with other practices

Any additional evidence or comments

The practice offered appointments with the practice nurses on Saturdays and Sundays which included cervical screening, travel health and long-term conditions management and support.

The practice was aware that patient survey results from 2017 were lower than local averages regarding patient satisfaction with being able to access an appointment. However, patient survey results had shown an improvement in this area for 2018. For example, 80% of patients were offered a choice of appointment when they last tried to make a general practice appointment, compared to the clinical commissioning group (CCG) average of 69% and the national average of 62%.

Examples of feedback received from patients:

Source	Feedback
Patient Interviews	All six patients that we spoke with confirmed that they were able to access urgent and routine appointments. Patients told us they were able to get through to the practice by phone easily.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice had an overview system of complaints which identified themes and documented what actions had been taken. We saw that the practice had responded appropriately and promptly to patients. Complaints and lessons learnt had been discussed during team meetings.	

Example of how quality has improved in response to complaints
The practice had received a complaint from a patient who had not understood an explanation of changes made to their medicines, during a GP consultation. The practice had subsequently developed a form for GPs to complete and give to patients during consultations if changes to medicines have been made. The form was designed to set out the changes clearly. The practice had apologised to the patient and explained changes to ensure this did not occur again. We saw that the practice had informed all relevant staff about the new form.

Well-led

Leadership capacity and capability

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

The practice had provided specialist training for a nurse practitioner and practice nurse to undertake telephone triage of requests for same day urgent appointments. GPs supported nurses to undertake telephone triage and had undertaken peer reviews and analysis of calls triaged. The practice told us this had increased access for patients who required GP routine appointments.

Vision and strategy

Practice Vision and values

The practice's statement of purpose stated that the practice's vision was to deliver high quality primary and community health services that met all relevant standards and regulatory requirements, and to ensure patient safety and service quality with excellent clinical outcomes.

Culture

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

The provider undertook a staff survey twice yearly. 53% of staff had responded to the last staff survey undertaken in June 2018.

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

Source	Feedback
Staff interviews	Staff told us that they felt supported and listened to by managers. Changes were communicated via notifications and team meetings. Staff told us that the practice proactively supported identified specialist training needs and career development. For example, a health care assistant commenced an 'assistant practitioner' course in February 2018.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Communication	We saw that the practice had a staff meeting every two weeks. The practice also held a monthly governance meeting and weekly clinical and senior managers meeting. We saw minutes from these meetings which evidence that service improvements were communicated to staff, as were lessons learnt from significant events and complaints. Staff were able to request agenda items for discussion.	
Quality Improvement	The practice had undertaken an 'internal services review' in March 2018 to measure adherence to the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The practice identified 24 actions to improve quality of services provided. The practice had completed all actions by May 2018.	
		Y/N
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Disaster recovery Policy and Procedure	The practice had reviewed the policy and procedure in preparation for the bad weather warning in February 2018. The practice was therefore able to continue to stay open during the snow in February 2018.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The Patient Participation Group is formed of approximately seven members who met four times a year. The PPG attended locality PPG networking meetings and belongs to the National Association of Patient Participation Groups. The PPG told us that the practice was open and transparent and responsive to suggestions regarding service improvements. For example, the practice had increased nurse practitioners' hours, at the PPG's suggestion to improve capacity to offer patients routine appointments.

Any additional evidence
The practice had actioned at least one suggestion submitted through the 'friends and family test' each month. The practice had displayed service improvements on a 'you said, we did' information board in the patient's waiting room. For example, a patient had suggested that the practice provide a drop box for repeat prescription requests. We saw the practice had implemented this.

Continuous improvement and innovation

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

Audit area	Improvement
Following a medicine safety alert regarding a named medicine used to treat leg cramps.	The medicines safety alert had recommended that the named medicine should not always be used to treat leg cramps due to potential side effects. The practice undertook an audit and found that 17 patients were being prescribed the medicine on repeat prescription. The practice removed the medicine from the repeat prescriptions and wrote to the affected patients to explain the reasons for removing the medicine and outline potential risks. Patients were invited to book an appointment with a GP should they wish to discuss continuing the named medicine or alternative treatment. The practice repeated the audit and found that 11 of the original 17 patients continued to be prescribed the named medicine to treat leg cramps, following a consultation.
Medicines safety audit	The practice undertook an annual medicines safety audit. The audit looked at all areas of safe use, storage and prescribing of medicines. The last audit was undertaken in July 2018. We saw that the practice had completed identified actions following each audit. For example, thermometers had been purchased for each fridge used to store medicines that required refrigeration.

Any additional evidence

The practice had widened a doorway of a ground floor clinic room to improve access for patients who utilised electric wheelchairs.

The practice utilised an 'atrial fibrillation app' on a portable tablet, which recorded heart rhythms as an early detection of atrial fibrillation for relevant patients. This was monitored by practice staff during consultation appointments. If anomalies were detected, clinicians made relevant referrals for patients to receive treatment.

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](#)).