

Care Quality Commission

Inspection Evidence Table

The Bailey Practice (1-1651768751)

Inspection date: 24 October 2018

Date of data download: 05 October 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Not for one non-clinical staff member
Explanation of any 'No' answers: All clinicians had enhanced DBS checks, but non-clinical staff had not had any DBS checks. The practice had completed a risk assessment to support the decision for non-clinical staff to work without DBS checks, however the most recently-employed receptionist did not have a DBS check and there was no risk assessment in place to support this decision. Following the inspection, the practice sent us a risk assessment they completed on 25 October 2018 to support the decision for the receptionist to work whilst their DBS check was pending.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes – although not available during inspection
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>During the inspection we found there were no employment references for staff contained in the staff employment files, there was no proof of identification for one of the receptionists, and none of the employment contracts in the files were signed by the staff members. Following the inspection, the practice provided evidence that employment references had been received for staff prior to their employment, a copy of the proof of identification for the receptionist, and the signed employment contracts; these documents were had not been stored in the staff records.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test:</p>	<p>Yes 19/10/18</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration: [see additional comments below]</p>	<p>Not for all equipment</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>No</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>No</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment</p> <p>Date of completion</p>	<p>Yes 18/10/18</p>
<p>Actions were identified and completed:</p> <p>Not all actions identified in the fire risk assessment had been completed at the time of inspection, however the risk assessment had only recently been carried out.</p>	<p>Partial</p>
<p>Additional observations:</p> <p>The fire alarms had been newly installed in August 2018. However, the practice did not have a process for carrying out regular fire alarm checks to ensure safety. Following the inspection, the practice sent us a monthly test log to document their fire alarm checks.</p> <p>We asked practice staff when the fire extinguishers had been checked and they were not able to tell us.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p>	<p>Yes 18/10/18</p>
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment:</p>	<p>Yes 18/10/18</p>
<p>Additional comments:</p> <p>Not all actions identified in the health and safety risk assessment had been completed at the time of inspection, however the risk assessment had only recently been carried out.</p> <p>We saw evidence that some of the medical equipment had been purchased within the last 12 months and therefore did not require calibration. However, there was no evidence that other equipment was either new or had been calibrated to ensure it was in good working order, for example the weighing scales, refrigerator and thermometers.</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>We saw evidence that the practice had implemented an action plan to address the issues identified in the infection control audit, with appropriate timescales for completion.</p>	<p>Yes</p> <p>09/10/18</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>Staff told us of a recent incident when one of the reception staff identified a baby in the reception area who appeared very unwell. The receptionist messaged all the GPs immediately who came to assess the baby; the GPs treated the baby and called the emergency services to admit the baby to the Accident and Emergency Department.</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.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	No
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>In relation to the management of test results, the practice did not have an effective failsafe system to ensure that cytology test results were received and acted upon. We saw samples taken in February and May 2018 where no results had been documented as having been received. Following the inspection, the practice told us a named individual had been made responsible for monitoring of smear results, who would complete the failsafe test results log to ensure all results are received and actioned appropriately.</p>	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.66	0.75	0.95	Variation (positive)
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). (01/07/2017 to 30/06/2018) (NHSBSA)	9.5%	10.2%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high-risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Not for all high-risk medicines
The practice monitored the prescribing of controlled drugs (for example, audits for unusual prescribing, quantities, dose, formulations and strength).	No audits completed
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes

The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>In relation to the management and monitoring of high-risk medicines, the GPs had not documented the INR results for patients prescribed Warfarin within the patient's notes (the international normalised ratio 'INR' is a laboratory measurement of how long it takes blood to form a clot, which is used to determine the effects of oral anticoagulants on the clotting system). On the day of inspection, the GPs told us they did not have access to patients' INR results on their electronic record system, so patients would bring in paper copies of their recent INR results for the GPs to view, which GPs would check before prescribing. Following the inspection, the practice told us that in fact they did have access to patients' INR results electronically, which were checked before prescribing. The practice said that the check of INR results was not always documented and coded into the patients' notes. The practice said that, going forward, the GPs would ensure that they document that the INR result has been checked within the patient's individual notes prior to the prescription being issued.</p>	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	5
Number of events that required action	5

Examples of significant events recorded and actions by the practice:

Event	Specific action taken
Patient attended for MMR vaccine booster but stock had run out.	The practice was able to source a spare vaccine from neighbouring practice which resulted in a delay for the patient. Vaccine stock checks were changed from fortnightly to weekly checks, and stocks were to be double-checked by a second staff member.
Physiotherapy referral not sent by GP.	Referral was immediately completed by the GP and the patient was contacted and an apology given. The practice now reviews all consultations at the end of each clinical session to ensure no referrals are missed.
Copy of patient's medical record sent to insurance company with two other patients' personal data.	Data breach was reported to the Information Commissioner's Office (ICO) using the practice's information governance toolkit. The insurance company confirmed the other patients' information had been destroyed in accordance with its own policies. When sending any patient records, the content is now double-checked by a second staff member.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice had a system for recording receipt and acknowledgement of safety alerts. However, they had not documented what, if any, action was required or taken in response to the alerts received. The GPs told us that they had taken action where appropriate, for example changing an adrenaline auto-injector device for a patient following receipt of a safety alert, which was evidenced in the patient's individual record. Following the inspection, the practice sent us a copy of a spreadsheet they had created to log received safety alerts and document what action, if any, was taken.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.71	0.69	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	71.4%	75.0%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (2)	14.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	81.9%	79.0%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (2)	7.9%	9.3%	
Any additional evidence or comments				

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)	70.4%	75.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (9)	10.9%	13.3%	
Any additional evidence or comments				
Data from 2017/2018 showed an increase of 2% for patients whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less. There was also 0% exception reporting.				

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)	74.2%	79.1%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (4)	3.7%	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)	96.7%	93.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (1)	9.0%	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)	82.9%	81.8%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (6)	4.0%	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)	76.9%	87.1%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.5%	8.2%	
Any additional evidence or comments				

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)	81	94	86.2%	Below 90% minimum (variation negative)
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)	43	61	70.5%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	43	61	70.5%	Below 80% (Significant variation negative)
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)	43	61	70.5%	Below 80% (Significant variation negative)
Any additional evidence or comments The practice's childhood immunisation uptake rates were below the target percentage of 90%. Staff told us that the practice nurse and advanced nurse practitioner would both be completing immunisations going forward which they hoped would improve uptake rates, but there was no formalised or documented plan. However, we saw information around the practice encouraging childhood immunisations, and there were alerts on patients records for those requiring an immunisation. We saw that there was a recall process to routinely invite patients in for their immunisations and this was discussed with patients when they attended the practice for a consultation.				

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)	68.3%	68.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.5%	66.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.8%	46.9%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	60.0%	73.8%	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)	55.6%	47.3%	51.6%	Comparable with other practices
Any additional evidence or comments <p>The practice's uptake for cervical screening from April 2016 to March 2017 was 68%, which was below the 80% coverage target for the national screening programme. Practice staff were aware of the low data and had put in place actions to try and improve the screening rate, including: the practice signing up to a text message reminder service, increasing information and awareness of screening in the waiting area, GPs to telephone patients and provide reassurance and answer any questions, signposting to other practice locations for out of hours appointments, and offering flexible appointment times.</p> <p>In addition, the practice did not have a system to monitor or audit inadequate smear rates, although when we checked it was very low (less than 1%). Following the inspection, the practice sent us evidence that an audit had been completed and told us this would be completed every three months for the practice nurse's first year of employment.</p>				

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)	90.9%	92.4%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.5%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.5%	94.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.5% (1)	4.9%	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)	80.0%	86.2%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (1)	4.3%	6.8%	
Any additional evidence or comments				
Data from 2017/2018 showed an increase of 8% (up to 88%) for patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months, and there was also a 0% exception reporting rate.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533	538	539
Overall QOF exception reporting (all domains)	3.5%	5.8%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	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)	95.8%	95.9%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (2)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw evidence that consent was sought and recorded appropriately, although there was no formalised system to monitor this. Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Any additional evidence regarding effective care
<p>The practice was involved in monthly multidisciplinary meetings involving a range of health and social care professionals, including the community matron who carried out visits to the practice's patients.</p> <p>The practice participated in social prescribing (social prescribing is a means of enabling GPs and other healthcare professionals to refer people to services in their community instead of offering only medicalised solutions). We saw two examples of patients referred for social prescribing; one patient for financial and debt issues, and one for low mood and social isolation.</p>

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	86
Number of CQC comments received which were positive about the service	85
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comment cards	Patients were extremely positive about the level of care and support received from clinicians. Staff at the service were described as helpful, supportive and caring. Many patients stated that the practice was the best they had ever attended.
NHS Choices website	The practice scored 4 out of 5 stars on the NHS Choices website. Twelve comments had been received over the last 12 months, all of which were positive about the service. Comments described the practice and staff as welcoming, friendly and professional.
Letter from University	The practice had received a letter from a London University describing how one of the practice's former patients had given a talk there in which they described how supportive and caring the practice had been when they were homeless.

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3841	322	110	34.2%	2.86%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	96.1%	82.8%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	95.2%	79.7%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.2%	92.9%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	90.8%	77.6%	83.8%	Comparable with other practices
Any additional evidence or comments The practice's GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion.				

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

Date of exercise	Summary of results
Monthly	The practice collated verbal feedback given to GPs during consultations or to reception staff in the waiting area and comments placed in the suggestion box in the waiting room, and discussed feedback during monthly practice meetings. For example, in March 2018 patients had raised that the carpet in the waiting room was becoming worn and stained; the practice discussed this and decided to have the carpet replaced with impervious flooring.

Any additional evidence
Friends and Family test results for the last five months demonstrated that 100% of respondents stated they were 'extremely likely' or 'likely' to recommend the practice to friends and family.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards	Patients described staff as good listeners and always having time to listen. Patients commented that their opinions are valued and any questions are answered.
Patient interviews	The two patients we interviewed both stated they felt involved in their care and staff explained everything well.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.9%	90.2%	93.5%	Comparable with other practices
Any additional evidence or comments The practice's GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment.				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	18 carers identified (0.47% of the practice population)
How the practice supports carers	<p>Carers were provided with information about support available in the local area. Annual influenza vaccines were offered to all carers.</p> <p>Information for carers was available on the practice's website, including links to videos and resources on the NHS Choices website.</p>
How the practice supports recently bereaved patients	<p>One of the GPs telephones the family to express condolences and offers support or an appointment. If required, GPs also pass on information and contact details for other support services.</p> <p>Practical information for patients about what to do in the event of a death was also available on the practice's website (for example, in relation to registering a death and funeral services).</p>

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Any paper records and correspondence were scanned onto the system, reviewed by a clinician, and then the paper copies were shredded.</p> <p>Patient identifiable information was kept away from the reception desk so it could be seen by patients.</p> <p>Staff told us that computers are locked and smart cards removed when not in use.</p> <p>Any test results communicated to the patient in person at the practice were given from the back desk in the reception office, so that results were not overheard by other patients in the waiting area.</p> <p>If a patient wanted to discuss sensitive information or appeared distressed, the patient was invited to come into the reception office away from the waiting area. Staff told us they ensure they lock or turn their computer screen when a patient enters the reception office.</p>

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

Examples of specific feedback received:

Source	Feedback
CQC comment cards	Patients described the practice staff as respectful and said the GPs treat patients with dignity.
Patient interviews	The two patients we spoke to said they are always treated with dignity and respect by staff and their privacy is respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday to Friday	8am to 6.30pm
Saturday & Sunday	Closed
<i>Appointments available</i>	
Monday	8.30am to 11am, 3pm to 6.30pm
Tuesday	8am to 11am, 12.30pm to 6.30pm
Wednesday	9am to 1.30pm, 2pm to 6.30pm
Thursday	8.15am to 4.30pm
Friday	8.30am to 11am, 12.30pm to 6.30pm
<i>Extended hours opening</i>	
Monday	7.30am to 8am, 6.30pm to 7pm
Friday	7.30am to 8am

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
If a patient requested a home visit, reception staff referred this to the duty GP for that day, the GP then telephoned the patient to assess them and see whether they required prioritisation. Reception staff told us that if they had particular concerns about the patient, for example they appeared confused or there were signs of serious illness, they would make this known to the GP and ask them to contact the patient immediately.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3841	322	110	34.2%	2.86%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.8%	92.3%	94.8%	Comparable with other practices

Any additional evidence or comments
The practice's GP patient survey results were above local and national averages for questions relating to responding to patients' needs.

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	91.8%	61.4%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	89.2%	63.7%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	82.4%	65.2%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	90.8%	69.8%	74.4%	Comparable with other practices
Any additional evidence or comments <p>The practice's GP patient survey results were above local and national averages for questions relating to access to care and treatment.</p> <p>In July to September 2018 the practice had met the Clinical Commissioning Group's target for access to appointments (the target was 120 appointments per 1000 patients per week).</p>				

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Patients commented that it was easy to get an appointment and they did not feel rushed. Many patients stated they like the walk-in service. Some patients commented the 'MyGP' app is useful and helps with access to appointments.
Patient interviews	The two patients we spoke to said it is easy to get an appointment and patients can use the walk-in service.
NHS Choices website	Five of the 12 comments received over the last 12 months on the NHS Choices website made positive comments specifically about access to the practice, stating it was easy to get an appointment or they were seen promptly.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
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 complaints policy and procedure were in line with recognised guidance. Information about how to make a complaint was available in reception and on the practice website.</p> <p>Complaints were dealt with in an appropriate way and the practice demonstrated openness when communicating with affected patients. We saw evidence that the provider was aware of the duty of candour, apologised to patients and explained to patients the learning from, and any changes made following, analysis of the complaint.</p>	

Example of how quality has improved in response to complaints
<p>Complaint – patient was not referred urgently for breast pain on initial presentation at the practice. Action agreed that all patients attending with breast pain should be given a fixed time period to return to the practice for review. The complaint was discussed with the patient at a meeting, an apology was given, and the practice explained their reflection and the action points. An audit was subsequently completed on patients presenting with breast complaints to ensure changes were implemented (the results of which were also sent to the patient who had complained); the outcome of the audit was that all patients reviewed were handled and followed-up appropriately.</p> <p>Complaint – complaint regarding a blood test not being completed for an asymptomatic patient to rule out diabetes. Case was discussed in a practice meeting, and the treatment was appropriate as urine dip test was a good screening test for diabetes. Complainant met with GP who discussed why the urine dip test was completed rather than a blood test. Action agreed that clinicians must always explain clearly the rationale for patients' management plans and manage patients' expectations.</p>

Well-led

Leadership capacity and capability

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

The lead GP had oversight of the clinicians and annual appraisals were completed.

Full staff meetings took place on a regular basis and we saw meeting minutes documenting the areas of discussion and any action points to be addressed. Meeting agenda items included significant events, patient feedback, staffing and operational issues, safety alerts and case review analysis.

Vision and strategy

Practice Vision and values

Practice mission statement: *"Our practice will strive towards an excellent partnership between patients and practice members to ensure a high standard of healthcare through a patient centred approach to care."*

The practice's key values:

- Mutual respect – endeavouring to treat all patients with dignity, respect and honesty, staff committed to delivering an excellent service, encouraging patients to highlight any discrepancies;
- Holistic care – interested in the physical, psychological and social aspects of an individual's care;
- Continuity of care – building and maintaining a strong relationship between staff and patients, focusing on the therapeutic relationship, staff would like patients to leave the practice feeling their concerns have been heard and questions answered;
- Learning and training – essential for all staff, staff undergo annual appraisals where learning and developments needs are identified.

Culture

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

We saw evidence from meeting minutes that significant events, complaints, patient feedback, learning and changes to the practice were discussed by staff.

The lead GP and the practice or reception manager met with the patient participation group (PPG) regularly to discuss the practice and any changes or improvements.

The practice had specific policies in place to support staff, including a personal harassment, bullying and sexual harassment policy and a whistleblowing policy. However, the practice did not have a disciplinary policy or grievance policy in place on the day of inspection. Following the inspection, the practice provided copies of disciplinary and grievance policies.

Staff explained plans to increase the size of the premises with another consultation room and more space for reception staff in order to meet the needs of the practice population and the increasing patient list size.

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

Source	Feedback
Staff interviews	Staff described the culture of the practice as supportive, open and friendly. Staff said they felt supported by management and were able to raise any concerns. Staff told us they attend social events with all practice staff outside of working hours.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	Policies were in place, were specific to the practice and were accessible to staff on the shared computer drive.	
Other examples	We saw that full staff meetings took place regularly which were minuted.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and safety hazards	Health and safety risk assessment completed.
Infection control	Infection control audit completed and action plan in place.
Fire safety	Fire safety risk assessment completed, however on the inspection we found the practice did not have a process for carrying out regular fire alarm tests and fire extinguishers had not been checked.
Electrical/medical equipment	We saw evidence that some of the medical equipment had been purchased within the last 12 months and therefore did not require calibration. However, there was no evidence that other equipment was either new or had been calibrated to ensure it was in good working order, for example the weighing scales, refrigerator and thermometers.

Appropriate and accurate information

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

Any additional evidence

We saw evidence that the practice had recently made an appropriate referral to Public Health England to inform them of a patient who they had diagnosed with a notifiable infectious disease.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group

Feedback

The PPG met regularly with the lead GP and practice or reception manager and was involved in the development of the practice.

Meeting minutes demonstrated that the practice sought feedback from the PPG about proposed changes and acted upon concerns or improvements raised by the PPG.

Any additional evidence

Friends and Family test results for the last five months demonstrated that 100% of respondents stated they were 'extremely likely' or 'likely' to recommend the practice to friends and family.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits and other quality improvement activity in past two years

Audit area	Improvement
Polypharmacy audit	Two cycle audit completed in September 2016 and March 2017 reviewing all patients on six or more repeat medicines to ensure that prescribing is evidence based and cost effective whilst minimising risk of harm to patient. Patients were identified on the practice database, possible areas of change and improvement were identified and these were then implemented, communicated to the patient and recorded in patient notes. Out of 50 patients identified as taking six or more medicines, 24 had the number of repeat medicines reduced. The audit results identified that most patients tolerated changes to their medicines, which was usually a reduction in the number of medicines prescribed. Some patients also reported feeling better and experiencing less side effects from medicines. Clinicians agreed actions to prescribe fewer nonsteroidal anti-inflammatory drugs (NSAIDs), to use the STOPP/START toolkit (a reference tool to support medicine reviews for elderly patients) and to stop old or ineffective medicines for which there is no clinical indication.
Antibiotic prescribing audit	Two cycle audit completed in October 2017 and June 2018 to assess and reduce the volume of prescribing of broad spectrum antibiotics. The overall prescribing of broad spectrum antibiotics decreased between the

	two cycles (from 36 patients to 16 patients). An action plan was implemented to ensure appropriate prescribing, which included the following: ensure latest antibiotics guidance is available to all prescribers, complete practice-wide audits of antibiotic prescribing annually and peer-review the results, ensure indications for prescribing are clearly recorded, use delayed prescriptions and antibiotic information leaflets, and ensure prescribers are aware of and use the Target toolkit (a toolkit designed to help clinicians and commissioners use antibiotics responsibly).
Cholesterol in diabetic patients audit	Single cycle audit completed in 2018 with the aim of increasing the number of patients with diabetes with a cholesterol measurement within the last 12 months with a level of <5mmol/l total cholesterol. 110 diabetic patients were identified, the practice found that 41 patients had had a cholesterol measurement but the level was sub-optimal, 12 patients had had a cholesterol measurement which was sub-optimal but statin therapy had been declined, and eight patients had not had a cholesterol measurement within the last 12 months. The practice offered the 41 patients a routine review to discuss medicines compliance, diet and dosage. The practice contacted the 12 patients to check they did not want to review their decision to decline statin therapy. The practice sent the eight patients a blood test form for cholesterol measurement. The practice intends to repeat the audit next year to review if the actions taken have been effective.
Heart failure and beta blockers audit	Single cycle audit completed in 2018 following the practice's attendance at a local medicines management meeting and learning that beta blockers prescribed to patients with heart failure have shown to have a reduction in mortality and improve prognosis. The practice identified 17 patients coded as having heart failure; 15 of these patients were prescribed a beta blocker, one patient refused treatment, and the remaining patient was contacted and advised to make an appointment with one of the clinicians to be assessed for treatment.
Influenza uptake audit	An audit was in the process of being completed to increase the uptake of seasonal influenza vaccines in specific at risk groups. An action plan was implemented to drive improvement, which included: discussions with the CCG and other GP practices for models of best practice, increasing awareness and education through posters and information on the website, increase invitations through text messages and telephone calls, and offering a wider range of flu clinic times.
General Data Protection Regulation (GDPR) audit	Single cycle audit completed by the practice manager in July 2018 to check the practice was compliant with the GDPR.
Work with the Clinical Effectiveness Group	The practice was working with the Clinical Excellence Group to improve treatment and care of patients with chronic kidney disease.

Any additional evidence

We saw evidence that patient feedback (both verbal and written comments in the suggestion box) was collated and discussed in monthly practice meetings to inform improvements.

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 practices 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](#)).