

Care Quality Commission

Inspection Evidence Table

Red Lion Surgery (1-589954407)

Inspection date: 11/10/2018

Date of data download: 17 September 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	Yes
Additional Information: There was documented evidence, that patients who could be vulnerable, were safeguarded and supported with clear care pathways which ensured their safety.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
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
Explanation of any answers: *The practice had recorded verbal assurances about the locum doctor's vaccinations and were in the process of obtaining written records.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	August 2018
There was a record of equipment calibration Date of last calibration:	August 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Carried out by the Landlord April 2018
Actions were identified and completed.	Yes
Additional observations: There were written records of fire drills and staff we spoke with could tell us about both fire drills and fire bell testing. The landlords fire officer carried out spot checks on fire safety throughout the year.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes April 2018
Health and safety risk assessment and actions Date of last assessment:	Yes March 2018

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: The practice had made continuous improvement with infection control. However, their most recent audit showed that some improvements still needed to be made. For example, chairs in the reception area were the responsibility of the landlord and the practice told us that they were waiting for the landlord to replace these. Similarly, the floor in the nurses' room required attention, and had been reported to the landlord. The practice was dependant on the landlord to make these repairs. We saw the practice had acted on other recommendations that were within their control. For example, a new treatment couch had been ordered to replace a damaged couch, and the new couch was due to be delivered shortly.</p> <p>The practice had a detailed action plan for each element identified as requiring attention within the infection control audit. It was difficult to monitor the plan as it had not included the person responsible for completion. Staff had recorded completion dates within the body of the action plan. They were considering revising the action plan to make it easier to understand. Following the inspection, the practice sent us their updated action plan, which showed the proposed changes in place.</p> <p>The practice had an infection control policy in place and the nurse was the designated lead for infection control. The findings of the audit showed that the infection control polices and protocols were being adhered to.</p> <p>An external contractor was responsible for the collection of clinical waste. Waste was securely stored.</p> <p>The landlord had taken over the cleaning of the practice due to their cleaner being unavailable for a long period of time. Cleaning schedules were in place and monitored.</p>	<p>Yes</p> <p>November 2017</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

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
Explanation of any answers: There was information about sepsis in every clinical room, and in the reception area. Receptionists had not received any sepsis awareness training. However, we observed that they sent urgent messages to the doctors on duty for all patients they were concerned about. Doctors responded to these messages quickly and patients were either asked to attend at the end of surgery, if appropriate, or signposted to other agencies.	

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.	Yes
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
Explanation of any answers: We saw evidence that patients using mental health services had information shared in a timely and effective manner to ensure that they received joined up care as they required it.	

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) (to) NHS Business Service Authority - NHSBSA)	0.75	1.08	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). (01/07/2017 to 30/06/2018) (NHSBSA)	13.5%	-	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.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
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>* The practice did not have an emergency medicine to manage seizures. At our last inspection they did not have a risk assessment to mitigate the risk of not having this medicine. At this inspection we saw a risk assessment had been completed detailing the reasons for not having this specific medication. The risk assessment detailed the proposed action they would take in the event of a patient having a seizure when attending the practice.</p> <p>** The practice monitored the fridge temperature effectively and had reported two instances of the door being left open. The monitoring showed that the temperature had quickly returned to normal and that medicines kept within the fridge remained effective.</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.	13
Number of events that required action	nine

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

Event	Specific action taken
The fridge door being left open twice within ten months.	This event had been discussed and recorded at a clinical meeting. The staff were considering a change of practice for where the fridge key was stored.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place: Both the GP's and the practice manager received the alerts. These were reviewed for relevance to the practice and then circulated to staff. All relevant alerts were discussed at clinical meetings and recorded. The practice maintained a spreadsheet of alerts, however, this was out of date. The practice had recently reviewed this spreadsheet and determined that it was useful to keep this updated rather than searching through clinical meeting minutes.</p>	

Any additional evidence

The practice recorded all events and reported near misses as though they were actual events. These were shared at meetings and followed duty of candour requirements. However, the detail recorded and root cause analysis was not as comprehensive as it could be.

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)	0.50	-	-	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)	75.4%	-	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (4)	14.8%	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)	44.6%	-	78.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (9)	8.7%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	69.5%	-	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.2% (17)	13.7%	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)	76.0%	-	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (6)	7.9%	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)	80.4%	-	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (3)	13.0%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
(to) (QOF)		-		-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (17)	3.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
(to) (QOF)		-		-
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	7.0%	8.2%	

Any additional evidence or comments: The practice were aware of their low figure for; the percentage of patients with diabetes, on the register, with a high blood pressure reading. They had made efforts to improve on this, had increased the number of nurse sessions and patient recall for monitoring. The practice day to day monitoring showed that they had improved.

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)	32	32	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	33	34	97.1%	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)	33	34	97.1%	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)	33	34	97.1%	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)	73.8%	-	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	54.1%	-	-	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.9%	-	-	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)	46.2%	-	-	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)	40.7%	-	51.6%	Comparable with other practices

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	40.0%	-	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.2%	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)	44.0%	-	90.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	9.9%	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)	82.4%	84.1%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (1)	5.0%	6.8%	
Any additional evidence or comments				
The practice were aware of the low scores for patients with schizophrenia, bipolar affective disorder and other psychoses having suitable care plans and support with alcohol consumption. They had increased the number of GP sessions to 18 sessions a week. Nurse sessions had been increased to nine every week and the practice were working to have 10 nurse led sessions. They had improved the patient recall system. The surgery had been involved in a pilot to hold joint clinics with a community psychiatric nurse and the practice nurse. The practice were monitoring these patients and from their current monitoring these figures were improving.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	454	547	539
Overall QOF exception reporting (all domains)	2.7%	5.6%	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)	91.1%	96.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (5)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinical staff demonstrated an understanding of best practice guidance in obtaining consent. Written consent was obtained for immunisations, contraceptive coils and minor surgery.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	16
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
Interviews with Patients	Patients described being greeted by receptionists by name and how they felt that all of the staff at the practice knew who they were. Patients told us they felt cared about by the practice and that the practice understood their health and wellbeing needs. They described examples where they were listened to and treated with respect, dignity and kindness.
CQC comments cards	Patients commented that staff were professional, kind, very helpful and caring.
NHS Choices	The practice had achieved a rating of three and a half out of five stars rating based on seven reviews. Five reviews were rated five stars and two rated one star. A negative reviewer had been invited to contact the practice to discuss their concerns.
Patient Participation Group (PPG)	We spoke with several members of the PPG who also commented on the skills of the reception staff in recognising the patients and addressing them by name. They spoke warmly of the practice and the staff. They were actively recruiting more members and found the practice very supportive.

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
0	262	107	40.8%	0.00%

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)	84.5%	88.3%	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)	85.1%	87.2%	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)	96.3%	95.9%	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)	77.1%	83.9%	83.8%	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
Ongoing at the time of inspection	The practice had worked with the Patient Participation Group to gain patient views regarding the location of the practice and the options available. The current location had originally been intended as a temporary measure in 2012.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients felt they were listened to and told us that the doctors, the nurse and health care assistant fully explained any treatment options to them enabling them to be involved in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that 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)	94.3%	93.6%	93.5%	Comparable with other practices
<p>Any additional evidence or comments: We saw that shared care arrangements for patients with mental health needs were prioritised and that care plans recorded patients' involvement in the decision-making process.</p>				

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	Since the last inspection the practice had pro-actively identified and increased the number of carers registered from 25 to 58 patients, just under 2% of the patient list.
How the practice supports carers	The practice had not identified dedicated support for the patients identified as carers. We observed that known carers who arrived at reception were encouraged to make an appointment for an influenza flu vaccination appointment. However, not all carers had routinely been offered this vaccination. The practice told us they were still working on identifying carers and planned to formalise the support carers needed soon.
How the practice supports recently bereaved patients	The practice had a bereavement information leaflet available which provided advice to bereaved patients about the local and national support services available and their contact details. Staff also sent bereavement cards to the patients they knew well and reception staff made a wellbeing telephone call to recently bereaved families.

Privacy and dignity

Question	Y/N
Curtains 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	The reception area was on a corridor which was utilised by other departments within the hospital. There was a clear sign for all areas, however, we observed a queue of people at the practice reception who had mistaken the reception for the hospital department they required. We observed reception staff redirect these patients. Reception staff we spoke with could provide examples of how they maintained confidentiality and privacy at the reception staff, for example by only requesting minimal patient information and advising patients if they wished to speak privately that a room was available.

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

Examples of specific feedback received:

Source	Feedback
Patient Interviews and Observation	We observed there was no background music in the waiting area, and that the area did not easily lend itself to additional background noise. We observed that reception staff spoke in a low voice directly to the patient. Patients we spoke with considered their privacy and dignity was maintained and expressed no concerns about confidentiality at the reception area.

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	
GP Appointments	Each of the three GP's worked slightly differently and at different times. However, all patients were offered a 12-minute appointment and the service offered 15 appointments per session. The practice GP's worked six sessions each per week.
Nurse Appointments	Appointments with a nurse were available between 08.30 – 18.30 Monday to Friday. The practice currently offered nine nurse sessions per week and were working towards increasing this to provide ten nurse sessions.
Health Care Assistants	Four sessions per week. Phlebotomy appointments were also available through the healthcare assistant.
	Appointments could be booked in advance, same day, by telephone, in person or on line. Patients told us that booking on line was easy. Urgent appointments could be referred to the hospital in which they were sited from 3.30pm onwards through the Cannock Network. The network provided an extended clinical hub. Patients booked an appointment through their own GP practice. Appointments were available between 3.30pm and 8pm. This service was also available on Saturday mornings between 9am and 1pm.

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 a house icon was added to the message sent to the GP by the reception staff. The GP on call for the day would review the message and triage the urgency of the request. Some patients would be asked to attend at the end of surgery, whilst those that required a home visit would receive one. Home visits were available for patients confined due to illness or disability

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
0	262	107	40.8%	0.00%

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)	94.3%	95.9%	94.8%	Comparable with other practices

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	72.2%	69.5%	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)	72.4%	69.1%	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)	59.8%	66.1%	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)	75.6%	73.8%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Comment cards	Patients commented that they could get an appointment when they needed one. Some patients commented they sometimes found it difficult to get through to the practice by telephone, as the practice only had one telephone line.
Patient Interviews	Most of the patients we spoke with were happy with the ease of access on line on in person.
Observation	During the inspection we found that there were no patients waiting an excessive length of time for their appointment. The clinical system showed that nurse and phlebotomy appointments were available on the day of the inspection and there was an urgent same day GP appointment. A routine GP appointment was available within 48 hours. Pre-bookable appointments could be booked up to 12 weeks in advance.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	4
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>Informal verbal concerns were now logged and discussed at practice meetings in the same manner as formal complaints as recommended at the previous inspection. The practice had received a high number of concerns about the lack of parking at the site, particularly from elderly and infirm patients who experienced difficulty with walking up a steep hill to the hospital car park after they had visited the practice. This was also reflected in discussions we had with patients during the inspection.</p>	

Example of how quality has improved in response to complaints
<p>The practice looked proactively at complaints and discussed as a team how they could improve. One patient with a phobia had left it to the last moment to request medication which was not in line with best practice guidelines. As a result, the surgery reviewed how it encouraged patients who could be affected to visit them sooner for referral to alternative therapies to medication.</p>

Any additional evidence
<p>Information about how to make a complaint or raise concerns was available in the practice waiting area in addition to the practice website. The practice complaint leaflet provided patients with information on how to make a complaint and any next steps should a patient be dissatisfied with the outcome of their complaint investigation. Most of the patients we spoke with told us they would speak directly to the staff if they were unhappy with the care and treatment they received. Patients we spoke with told us they had not had cause to complain. The practice also had a comments box in the reception area with comments forms and a pen. The practice reviewed comments and treated these as complaints to drive service improvement.</p>

Well-led

Leadership capacity and capability

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

The practice leaders had taken the findings from the previous CQC inspection to improve the services provided and patient safety and care. The inspection report had been shared and discussed. Each area for improvement had been reviewed. Most of the areas identified within the last CQC report demonstrated improvements had been made and sustained. However, in other areas the practice had tried solutions that had not worked as well as they planned. These areas had been reviewed again by the practice and solutions had been discussed and were in the process of being implemented.

Vision and strategy

Practice Vision and values

The practice had not developed a formal vision but had a motto to provide high quality and safe care. Staff spoken with told us there was a motto, but were not sure exactly what it was. All staff spoken with told us that the motto was about providing safe care. Regular staff meetings were held to communicate changes and practice performance. Meetings were recorded.

Culture

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

Staff told us that the practice provided a positive, friendly, family orientated, blame-free and open environment in which to work. They also said they could raise concerns and were encouraged to do so. We observed that staff were able to report incidents in a supportive environment. The practice actively promoted equality and diversity and staff had received training in this area.

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

Source	Feedback
Staff	Staff spoken with told us they enjoyed working at the practice and they worked well as a team. They said that the GPs and the management team were very approachable and supportive.

Governance arrangements

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

Practice specific policies	Staff had access to policies available on their computer desktops and hard copies were retained in a file in the reception area. There was a process in place to ensure staff had received, read and understood the content of the policies. Clinical staff were involved in the creation of practice specific clinical policies and felt valued to be involved.
Other examples	Staff had received specific training so that patients were effectively signposted to the relevant practitioner and external health and social care

	services. Regular meetings were held to ensure staff had the information and support to deliver good quality care.	
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

Any additional evidence	
The practice had a clear staffing structure and staff had lead roles and responsibilities. Discussions with staff demonstrated they had a good understanding of their roles and responsibilities. Reception staff were very clear about which pieces of information they could share with patients and what steps to take to ensure they were speaking with the patient or someone suitable authorised to act on the patients' behalf.	

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
Fire procedures	Staff had received training in fire safety. Records showed the fire systems were maintained and tested regularly. Fire drills were also carried out.
Infection prevention and control	We observed the premises to be clean and tidy. Patients told us they found the practice clean and hygienic. The nurse was the designated lead for infection control and was responsible for undertaking audits and ensuring compliance with best practice.
Computer display screen equipment	Staff had undertaken workstation display screen equipment (DSE) assessments.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
In preparation for the inspection we spoke with several members of the Patient Participation Group (PPG). They told us they were actively recruiting new members and had recently attracted two new members. The group met every two months, the practice manager and a GP were usually always present. The PPG was chaired by a member of the patient group and supported by a secretary. PPG minutes were recorded and copies kept on file. The members of the group told us that the practice were very open and keen to improve. The practice had provided the PPG with a dedicated notice board within the waiting area to assist with the recruitment of new members, and inform other patients of its activities. The PPG members we spoke with told us they had recently been involved in the compilation of a patient feedback survey regarding the location of the surgery and the options available.

Any additional evidence
The practice used a range of formats available to gain patient views and experiences. These included the national GP survey, the friends and family test (FFT), NHS choices, PPG meetings, complaints, verbal feedback and comment forms within the reception area. Feedback was shared with staff at the various meetings held to help improve services.

Continuous improvement and innovation

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

Audit area	Improvement
ACE and Serum Potassium	<p>The practice followed best practice guidelines to conduct an audit of patients being prescribed ACE/Arb and spironolactone have a serum potassium test within 4 months.</p> <p>The practice had increased the number of patients receiving the required blood test and determined they needed a method of ensuring that patients receiving potassium sparing and renin-angiotensin medicines were called forward for blood tests.</p> <p>The practice placed an alert will be placed on the electronic system to alert prescribers that the patients' blood test was due and reception staff were notified to contact relevant patients.</p> <p>The practice will need to repeat the audit to ensure they maintain the</p>

	upward trend and are testing all affected patients.
GF Testosterone Audit	The practice had carried out an annual audit in line with best practice guidelines to ensure that patients receiving testosterone therapy were receiving annual blood tests.

Any additional evidence

The practice did not have a formal audit plan in place. However, they followed best practice guidelines and information from the protected learning sessions provided by the Clinical Commissioning Group to ensure that they carried out audits to inform practice and continuously improve.

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](#)).