Care Quality Commission

Inspection Evidence Table

Water Eaton Health Centre (1-5025253959 / K82050)

Inspection date: 2 October 2018

Date of data download: 19 September 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

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.	No
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)	No
Information about patients at risk was shared with other agencies in a timely way.	No
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	No
Disclosure and Barring Service checks were undertaken where required	No

Explanation of any 'No' answers:

Records of safeguarding meetings were not maintained and therefore the practice was unable to demonstrate that changes and processes were communicated to staff as needed.

There was insufficient evidence of safeguarding training for one of the nurses.

The practice did not maintain registers of children at risk. This included looked after children, children in need and children on plan.

There was a 'list of families with safeguarding issues' which the practice advised was discussed at meetings with the health visiting team. Whilst there was evidence of action and support systems for the majority of families on the list, records were inconsistent and it was unclear which families were

reviewed when. We were told that all families were discussed ‘every two months or so’ with the health visitors. However, dates and information on the document did not support this; the document was dated as having been last updated in May 2018, however information within the document suggested multiple additions had been made between May and October 2018.

Evidence to demonstrate that vulnerable children had been safeguarded was not clearly recorded and staff were not able to provide assurance of action taken. For example, we saw that the practice had been notified of a child with safeguarding concerns who had failed to attend two paediatric appointments. It was noted on the practice records that the paediatrician had requested the GP and health visitor to follow up on the child to ensure they were not at risk. Although the practice had sent a letter requesting for the patient to come and see the GP, there was no further evidence of whether this action was completed and the practice was not able to provide further assurance with regard to appropriate action having been taken.

The day after our inspection the practice developed registers for children identified as being at risk. Upon doing so the practice identified several children who were under the care of the Buckinghamshire health visiting team. The practice informed us that they had not previously undertaken any regular engagement with that health visiting team to discuss children at risk.

Not all staff had received Disclosure and Barring Service (DBS) checks, this included clinical staff and staff involved in safeguarding. We were shown evidence that applications for DBS checks for these staff members had been made two weeks prior to our inspection. In addition, DBS checks had not been undertaken for all non-clinical staff performing chaperoning duties and an assessment of risk to patient safety had not been made. DBS checks for one of the locum doctors and the practice pharmacist were not available on the day of inspection. Immediately following our inspection evidence of a DBS check for the pharmacist was provided.

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
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 was unable to demonstrate that appropriate recruitment checks had been undertaken for all staff employed. We reviewed five staff files and found repeated inconsistencies in the checks undertaken and the records kept. We saw that one member of staff did not have a recruitment file. The practice did not have a consistent approach to the recruitment of locum staff and documentation to support qualifications and adequate background checks were also lacking.

The practice maintained adequate records in relation to staff vaccination status for the majority of staff employed. We saw that two clinical staff were awaiting results of recently undertaken blood tests to confirm their immunity status. One member of staff did not have evidence of immunity status for Hepatitis B and another member of staff had completed the practice vaccination form to state that they had no records of their immunity to the diseases listed. A third member of staff had no record of immunity status held. The practice had not undertaken a risk assessment of these staff to assess risk to patients or to their own safety. The day after our inspection we were sent assurance from the practice that staff requiring tests and/or vaccinations were due to have them undertaken on 9 October 2018

Safety Records	Y/N
There was a record of portable appliance testing (PAT) or visual inspection by a competent person Date of last inspection/Test: December 2017	Yes*
There was a record of equipment calibration Date of last calibration: September 2017	Yes*
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No
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	Yes July 2016
Actions were identified and completed.	Yes
Additional observations: * On the day of inspection, the practice was unable to provide certification of PAT and equipment calibration. Following our inspection, we were sent a list of dates that both PAT and equipment calibration had been undertaken however no certification was provided.	
Health and safety Premises/security risk assessment? Date of last assessment: 3 October 2018	Yes*
Health and safety risk assessment and actions Date of last assessment: 3 October 2018	Yes*
Additional comments: * On the day of inspection, the practice was unable to provide evidence of health and safety or COSHH risk assessments. Immediately following our inspection, the practice provided evidence that a health and safety risk assessment had been undertaken the day after our inspection and that a COSHH file had been compiled.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 26 September 2018 The practice acted on any issues identified Detail: The Milton Keynes Clinical Commissioning Group had supported the practice to undertake an infection control audit. There was no evidence of previous risk assessments available. Following the audit, the practice had introduced cleaning schedules in all rooms, were in the process of ordering uniforms for all staff and had clearly marked dirty and clean areas in the decontamination area.	Yes Yes
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
Explanation of any answers:	

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:	

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)	1.22	1.00	0.95	No comparison available
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)	5.2%	7.2%	8.7%	No comparison available

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.	No
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
Explanation of any answers: Systems for managing the security of blank prescription forms needed strengthening. Immediately following our inspection, we were sent evidence that the practice had amended their protocol for prescription handling to reduce identified risks.	

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	No
Number of events recorded in last 12 months.	3
Number of events that required action	Three

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

Event	Specific action taken
A potential misdiagnosis of cancer over a two-year period. The significant event record stated that the patient was to be sent for a two-week wait referral in June 2018 and that further action would be taken following the outcome of the referral.	Evidence reviewed within the practice records did not demonstrate that appropriate action had been taken in response to the significant event. There was no evidence that any further action had been undertaken since June 2018. The practice records did not demonstrate whether the event had been shared amongst staff and there was no evidence of learning or improvement. There was no evidence that the patient received any further communication from the practice, including an explanation of investigations or an apology.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes*
Comments on systems in place: *The practice pharmacist acted in response to safety alerts and maintained a log of safety alerts received and actions taken. However, there was no evidence that safety alerts were discussed within the practice as no other staff were aware of the system in place.	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.75	0.85	0.83	No comparison available

People with long-term conditions

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	72.2%	78.3%	79.4%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	20.0% (72)	15.5%	12.3%	
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)	80.1%	78.3%	78.1%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.6% (38)	11.4%	9.2%	

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)	79.6%	80.9%	80.1%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	18.3% (66)	15.8%	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)	77.3%	79.6%	76.4%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	17.4% (65)	10.9%	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)	91.7%	92.7%	90.4%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	23.3% (44)	14.2%	11.3%	

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)	86.0%	81.0%	83.3%	No comparison available

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (27)	5.3%	4.0%	

Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	92.1%	89.2%	88.4%	No comparison available

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.0% (12)	6.8%	8.2%	

Any additional evidence or comments

We reviewed exception reporting for the practice and were satisfied that the practice was working in line with guidelines when excepting patients. We were told that patients received three letters from the practice before being excepted.

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) (to) NHS England) England)	131	140	93.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) (NHS England) England)	111	120	92.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (to) (NHS England) England)	109	120	90.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) (NHS England)	109	120	90.8%	Met 90% minimum (no variation)

Any additional evidence or comments

The practice made continued efforts to ensure that children received their vaccinations. This included provisions for appointments at flexible times and opportunistic discussions with parents.

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)	65.2%	71.7%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	72.2%	74.9%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	47.6%	55.4%	57.4%	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)**	38.5%	64.4%	70.3%	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)	25.0%*	55.2%*	51.0%*	No comparison available
Any additional evidence or comments The practice was making efforts to promote cancer screening services amongst patients. We saw that information was available in the waiting room and that patients were encouraged to attend screening appointments when needed.				

* There is a data quality issue with this indicator.

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)	100.0%	86.6%	90.3%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	45.5% (10)	16.5%	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)	100.0%	93.0%	90.7%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	36.4% (8)	15.5%	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)	91.2%	84.4%	83.7%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	2.9% (1)	8.0%	6.8%	

Any additional evidence or comments
We spoke with the practice about the apparent high exception reporting for some mental health indicators. We were told that this was due to a lack of engagement from patients and in some cases a low number of patients with specific conditions.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544	Data Unavailable	539
Overall QOF exception reporting	8.4%	Data Unavailable	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)	96.2%	94.8%	95.0%	No comparison available
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0.5% (7)	1.0%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We were advised that written consent forms were used for specific procedures as appropriate in the for example for minor surgery and contraceptive device fittings.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	18
Number of CQC comments received which were positive about the service	15
Number of comments cards received which were mixed about the service	three
Number of CQC comments received which were negative about the service	none

Examples of feedback received:

Source	Feedback
Comments cards.	Patients commented that they found the staff at the practice to be friendly, helpful and polite. GPs and nurses were praised for the high level of care and support patients felt they received.
Interviews with patients.	We spoke with five patients during our inspection and all advised that they found staff were friendly, professional and accommodating to patient requests. Patients told us that GPs and nurses were good at listening to their concerns and informing them of the treatment options available to them. Patients told us they felt they were given adequate time in appointments and that the standard of care was good.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipos 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
6,549	388	123	31.7%	5.2%

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)	74%	85%	89%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	67%	82%	87%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	91%	93%	96%	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)	61%	77%	84%	Variation (negative)

Any additional evidence or comments

The practice advised that there had been continued difficulties in the recruitment of long term clinicians. As a result, the practice had been reliant on locum support which had impacted on continuity of care for patients, which it attributed to the low areas of performance in the national GP patient survey. The practice advised that they had secured two long term GP locums and employed three nurses over the twelve months preceding our inspection. The practice informed us that they had received positive verbal feedback from patients since the stabilisation of the clinical team and that they expected patient satisfaction to improve over time.

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

Date of exercise	Summary of results
September 2017	The practice advised that it undertook its own patient survey every year. The most recent results showed: • 64% of patients found receptionists helpful. • 56% of patients felt the GP was good at listening to them. • 44% felt the GP was good at involving them in decisions about their care. • 60% felt the GP treated them with care and concern. There was no detail on the number of patients spoken with during the in-house survey.

Any additional evidence
The practice sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from 23 February 2018 to 29 September 2018 showed that 83% (87 of the 118 responses received) of patients who had responded were either ‘extremely likely’ or ‘likely’ to recommend the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the GPs and nurses were good at ensuring their personal decisions were considered when discussing treatment options.

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)	78%	89%	93%	Variation (negative)

Any additional evidence or comments

The practice was aware of the lower areas of performance in the national GP patient survey and was working towards improvement. The practice advised that GPs attended regular training sessions and were committed to improving the standard of care provided.

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	The practice had identified 82 patients who were carers (1% of the practice list).
How the practice supports carers	There was a carers form available in the practice. All patients identified as carers were signposted to the local carers charity, MK Carers. The practice had a dedicated carers champion who acted as a point of contact for carers and their families.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 practice waiting and reception areas were shared with the dental service. The practice had made efforts to improve patient confidentiality at the reception desk. We saw that there was a screen in place to improve privacy and that staff answering the telephones did not disclose patient identifiable information. The practice also had a self-check-in facility to further improve confidentiality for patients waiting to speak to reception staff.

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
Interviews with patients.	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would facilitate this by talking quietly or inviting patients into a separate area.
Interviews with staff.	Staff told us that patients suffering from contagious conditions, those with particularly distressing conditions or those requesting privacy had access to a private room to wait to be seen.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	**Time**
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Appointments available	
	Appointments were available daily from 8.20am to 11am and from 1pm to 6pm with a GP.
Extended hours opening	
Mondays, Wednesdays and Thursdays	7am to 8am. Appointments available with a minor injury/illness nurse.

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	
Patients were able to telephone the practice to request a home visit and a GP would call them back to make an assessment and allocate the home visit appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,549	388	123	31.7%	5.2%

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	85%	93%	95%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				
Any additional evidence or comments				

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)	19%	58%	70%	Variation (negative)
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)	44%	60%	69%	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)	55%	62%	66%	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)	53%	69%	74%	Variation (negative)

Any additional evidence or comments

We were informed that the practice had introduced a new telephone system in June 2017, increasing the number of telephone lines available and increased the number of staff answering the telephones during busy periods. In response to continued negative feedback the practice had changed its appointment system in June 2018. The updated system enabled patients to pre-book appointments up to five weeks in advance for some services. The practice had also made efforts to actively promote online services, including the ability for patients to book appointments with the minor illness trained nurse online. The practice advised that whilst the impact of the changes was yet to be reflected in the national GP patient survey, verbal feedback received from patients had been positive.

Examples of feedback received from patients:

Source	Feedback
Comments cards	Out of the 18 cards received, two patients commented on difficulties when trying to arrange an appointment. One patient commented specifically on being able to get an appointment when needed and two patients commented on recent improvements to the appointment system.
Interviews with patients	We spoke with five patients during our inspection, three of these patients reported difficulties when trying to organise appointments.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received since 1 January 2018.	19
Number of complaints we examined	Four
Number of complaints we examined that were satisfactorily handled in a timely way	One
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None

Additional comments:

We found repeated inconsistencies in the practice's complaints handling process. We reviewed the practice's complaints log and complaints folder. We found that the number of complaints logged did not match the number of complaints within the file and that evidence of outcomes was repeatedly unclear. For example, we reviewed a complaint received from a patient regarding access to blood tests and results. We found no evidence of this complaint within the log and no evidence that the patient had received an appropriate response. There was no evidence within the complaints records to provide assurance that the patient was not at risk due to failure to receive appropriate and timely blood tests as raised within the complaint.

We found that evidence of responses to patient complaints as noted on the log were not always available within the complaints folder or within the patient record.

Example of how quality has improved in response to complaints

The practice did not routinely discuss complaints or undertake an analysis of complaints to identify trends and improve the quality of care.

Any additional evidence

Following our inspection, the practice submitted an updated complaints policy and standard response letter. The practice advised that they intended to adopt the new policy in the future.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
We identified multiple concerns with regard to the leadership capacity and capability at the practice. We were informed that a reduction in the clinical team had impacted on the capacity of the leadership team to operate effectively. In particular, we found that the practice management of non-clinical duties needed improving. There was evidence of consistent failures to manage and respond to risk and to encourage improvement.

Vision and strategy

Practice Vision and values
The practice did not have a documented vision and values. There was no information in the practice or on the website regarding this. The staff we spoke with were not aware of the practice vision and values but described a shared approach to providing high quality care for patients.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
Although staff spoke positively about working at the practice, there was insufficient evidence to demonstrate a culture of high-quality sustainable care. Records of significant events were not maintained and evidence of action investigation and learning from incidents was not available. Complaints were not always well managed according to recognised guidance. All staff did not receive regular appraisals and we identified risks due to insufficient management oversight of staff training.

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

Source	Feedback
Non-clinical staff member	Described relationships between managers and staff as being good, with managers being approachable.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	We found that policies, procedures and systems developed by the practice were not consistently operating effectively to support the delivery of good quality sustainable care. Procedures for safeguarding, handling complaints, significant events, recruitment and managing risks to the health and safety and well-being of patients and staff required strengthening and review.
Other examples	None.

	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 failed to establish systems to ensure regular engagement with other services and health care professionals involved in the care of vulnerable patients to ensure the safety and wellbeing of those patients. Minutes of meetings held were not routinely taken and records available did not demonstrate a consistent approach to meetings to ensure opportunities for quality improvement and learning were maximised.

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
Vulnerable children identified as at risk.	The practice had failed to identify and support all children at risk. On the day of inspection, the practice did not maintain registers of children at risk. The practice was unable to demonstrate that it had acted appropriately to follow up on all identified concerns. The practice did not engage with all appropriate services to ensure risks to vulnerable children were reduced.
Staff vaccinations	The practice had failed to assess the risks to patients and staff in relation to staff vaccinations and immunity.
Recruitment checks	The practice failed to undertake appropriate recruitment checks to ensure safe staffing. This included appropriate background checks, evidence of clinical competence and qualifications and references.

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
We spoke with a member of the PPG who advised that the PPG had not met for a few months prior to our inspection. We were advised that at least one member of staff from the practice attended meetings and that discussions were focussed on queries raised by members of the PPG. We were not provided with any examples of improvements made at the practice in response to PPG feedback.

Any additional evidence
The practice did not undertake any staff surveys or regular appraisal. Staff informed us that the practice manager and GP were approachable and would respond to any requests for training or support.

Continuous improvement and innovation

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

Audit area	Improvement
Audit of controlled drugs	The long-term locum GP had undertaken a review of patients prescribed controlled drugs to improve opioid prescribing. We saw that since February 2018 several areas of improvement had been realised. For example, 23 patients were no longer prescribed opioids following the review.

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 ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	Comparable to other practices	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥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).