

Care Quality Commission

Inspection Evidence Table

The Heaton Medical Practice (1-571253034)

Inspection date: 11 September 2018

Date of data download: 10 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.	Partial
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	No
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.	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
Explanation of any 'No' answers: On the day of the inspection, staff could not locate safeguarding policies. However, we saw that a flowchart detailing local management and referral arrangements was on display and accessible to staff. Following the inspection, the vulnerable adults policy was sent to us. This had a review date of August 2018. However, the policy was a generic third-party template and did not contain and information specific to the practice. We were also sent a safeguarding children policy document for information governance arrangements. This policy had not been reviewed since 2011 and contained out of date information. The safeguarding children policy which was marked as reviewed in August 2018 contained out of date guidance relating to the recommended training levels for clinical staff and did not include reference to the most recent national policy guidance on data protection or government issued guidance on working together to safeguard children published 2018. Staff with senior clinical duties, apart from the safeguarding lead, were not trained to the required level three in safeguarding. The safeguarding lead had undertaken the required training several days prior to our inspection. The safeguarding deputy; a full time ANP, was trained to level two and a further ANP had no record of safeguarding children available. The Registered Manager who was the named GP for the whole patient list was trained only to level one and could not comment on any of the safeguarding	

arrangements at the location as they did not attend the location.

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: N/A	

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: July 18</p>	Yes
<p>There was a record of equipment calibration</p> <p>Date of last calibration: July 18</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Partial
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes-23/03/17
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Partial
<p>Fire marshals</p>	No
<p>Fire risk assessment</p> <p>Date of completion</p>	No
<p>Actions were identified and completed.</p>	N/A
<p>Additional observations:</p> <p>We saw that three products contained in the provider cleaning cupboard did not have appropriate COSHH data sheets.</p> <p>The most recent fire drill had occurred in April 2017. Following the drill, a review had noted several areas where additional training and guidance should be given to staff to assist a future evacuation. The provider confirmed that these action points had not been followed up. Some staff had completed online training in fire safety. However, this was not consistently undertaken as part of a new starter's induction which meant that a range of staff had not completed the required training.</p> <p>None of the staff had been identified or trained as fire marshals. Following the inspection, we made an urgent referral to the West Yorkshire Fire Safety Team who have since made contact with provider.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p>	No
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment:</p>	No
<p>Additional comments: N/A</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 were unable to locate an IPC policy during the inspection. The provider sent us a copy of the policy after the inspection which was dated 2018. However, we saw that the policy was based on a range of advisory documents dated from 2000-2010. The most recent document referenced in the policy was <i>NPSA (2010) The national specifications for cleanliness in the NHS: guidance on setting and measuring performance in primary medical and dental premises</i> (2010). However, this guidance had been updated since 2010, with the most recent version being published in 2016.</p> <p>An audit shown to us undertaken in July 2018 was limited in scope. The audit did not show a review of each numbered clinical room. The audit documentation asked if 'all floors impervious and sealed'. The audit finding stated these were all impervious and sealed, however we noted several clinical rooms where floors were worn and in need of repair.</p>	<p>Yes</p> <p>07/18</p> <p>No</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: N/A	

Any additional evidence
<p>Not all staff had undertaken training in infection prevention and control relevant to their role. The provider had not offered training in handwashing technique, but referred staff to hand hygiene posters on display.</p>

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	No
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Partial
Staff knew how to respond to emergency situations.	Partial
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/limited
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: We saw that a GP was not consistently on site and that ANPs were routinely seeing acutely ill children under two, without enhanced training.	

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.	No
Explanation of any answers: During the inspection, we identified 210 outstanding test results on the system, 62 of these dated back to January 2018. The majority of these were marked abnormal and had not been opened, read or acted upon. Following the inspection, the provider sent us evidence that this backlog of results had been acted upon.	

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)	1.16	-	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)	6.6%	-	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.	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.	Partial
<p>Explanation of any answers:</p> <p>We saw that stock of blank prescription stationary was stored in a locked room. However, there was no supporting system to track subsequent usage across the practice. During the inspection, we saw that a number of blank prescriptions had been retained on the premises, assigned to staff who no longer worked at the location.</p> <p>We saw that medicines requiring refrigeration were occasionally transported to patients' homes in a domestic cool bag and not a medical grade cool box.</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	Partial
Staff understood how to report incidents both internally and externally	No
There was evidence of learning and dissemination of information	Partial
Number of events recorded in last 12 months.	3
Number of events that required action	3

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

Event	Specific action taken
A breach in the cold chain	A large quantity of valuable vaccines were destroyed. The review of incident was limited in scope and leaders at the location could not provide assurance that safeguards had been put in place to reduce the likelihood of a recurrence.
The failure of the telephone system for two days	The review identified that procedures had not been followed in responding to the incident. This resulted in patients being unable to reach the surgery as no contingencies were put in place. During the inspection we reviewed this incident and saw that the business continuity plan had not been updated to reflect the learning identified in the review.

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 business manager from the Avicenna practice distributes alerts to staff at The Heaton location.	

Any additional evidence
<p>We saw that there were at least two additional incidents that were not recorded as a significant event. The first concerned an investigation report undertaken by the local Trust and shared with the provider following the death of vulnerable adult registered at the location. The report highlighted several areas that had the potential to be reviewed by the provider to improve the management of vulnerable patients receiving care within secondary care services. The provider had not undertaken any review of the report and its findings.</p> <p>A second incident related to the accidental triggering of a fire alarm during ongoing building work. Several staff told us that they had attempted to begin an evacuation, but had been prevented by a locum clinician who instructed staff to ignore the alarm. This issue had been verbally reported to the</p>

management team, but we saw no evidence that any review or learning had taken place as a result.

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)	0.72	-	-	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)	65.6%	-	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (18)	11.1%	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)	63.8%	-	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (20)	9.9%	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)	62.1%	-	80.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (35)	15.9%	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)	55.4%	-	76.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (6)	7.1%	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)	60.4%	-	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (2)	11.1%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	79.9%	-	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (15)	5.2%	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)	81.8%	-	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (2)	9.4%	8.2%	

Any additional evidence or comments

Data shown to us during the inspection relating to as yet unpublished QOF figures from 2017-2018 was as follows:

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 was unchanged at 65%.

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 had improved to 72%.

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 had improved to 63%.

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 had improved to 71%.

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)	69	75	92.0%	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) (01/04/2016 to 31/03/2017) (NHS England)	78	82	95.1%	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)	77	82	93.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	77	82	93.9%	Met 90% minimum (no variation)
Any additional evidence or comments				

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)	54.6%	-	72.1%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	61.4%	-	-	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	43.3%	-	-	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)	69.0%	-	-	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)	57.9%	-	51.6%	Comparable with other practices
Any additional evidence or comments Data shown to us during the inspection relating to as yet unpublished QOF figures from 2017-2018 was as follows: 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) had improved to 62%.				

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) <small>(QOF)</small>	83.6%	-	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.3% (13)	12.1%	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) <small>(QOF)</small>	95.8%	-	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.0% (8)	9.4%	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) <small>(QOF)</small>	72.7%	-	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.0%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	491	-	-
Overall QOF exception reporting (all domains)	4.6%	-	-

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)	95.2%	-	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (12)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Discussed with patient and noted on the care record.

Any additional evidence
The provider had achieved the highest score across the CCG in a well-managed hypertension project producing an outcome of 90% against a target 76%, in data published in August 2018.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	3
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comment cards	Feedback received via our comment cards said that reception staff were helpful and that staff were kind. One person said that they practice felt understaffed and that some clinical staff did not show concern.

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
5633	379	81	21%	1%

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)	81.7%	88.5%	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)	79.6%	87.0%	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)	94.8%	95.3%	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)	62.1%	81.2%	83.8%	Variation (negative)
Any additional evidence or comments N/A				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Date of exercise	Summary of results
N/A	

Any additional evidence
The provider told us that they had seen the results of the National Patient Survey, but had not drawn up an action plan or fed results back to the staff team.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with eight patients. Some were highly critical of the service provided. Patients also told us that it was very difficult to have continuity of care with the same GP as staff changed so frequently. People told us that clinics often run late. Several people said that reception staff were helpful and gave some examples of caring clinicians.

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)	76.3%	91.6%	93.5%	Variation (negative)
Any additional evidence or comments N/A				

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.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The provider told us they had 80 carers on their register. This was slightly more than 1% of the patient list.
How the practice supports carers	The provider told us they would direct carers to local resources.
How the practice supports recently bereaved patients	The provider told us that there was not a specific policy for supporting patients through bereavement.

Any additional evidence
N/A

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	We saw that staff attempted to maintain confidentiality at the reception desk by lowering their voices when discussing confidential information.

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
N/A	No specific feedback received.

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	
	Clinical sessions ran throughout the day from 8am to 5.30pm. Earlier appointments from 7.30am were available on request.
Extended hours opening	
	Not currently offered at the location.

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. However, the availability of a GP to undertake a home visit was not assured.	Yes
If yes, describe how this was done	
All requests for an appointment were subject to a telephone triage process.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5633	379	81	21%	1%

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)	89.5%	94.6%	94.8%	Comparable with other practices
Any additional evidence or comments:				

Indicator	Practice	CCG average	England average	England comparison
N/A				

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)	34.4%	59.9%	70.3%	Significant 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)	52.0%	62.8%	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)	51.8%	61.0%	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)	66.3%	69.6%	74.4%	Comparable with other practices
Any additional evidence or comments: N/A				

Examples of feedback received from patients:

Source	Feedback
Patient Interviews and comment cards	Patients told us that it was very hard to reach the practice by telephone. Some expressed frustration that they did not have access to a regular GP.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	19 complaints April 17-Mar 18, 2 complaints received from April 2018
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>Both of the complaints we reviewed in depth had been answered courteously and in a timely way. However, they did not advise the patient of their right to refer their complaint to the PHSO. In both complaints, not all of the issues of the complaint were fully addressed. In one of the complaints, there were issues relating to the attitude of a staff member and a potential system error that were not followed up by the provider.</p> <p>We also saw that a succession of complaints had been made about the attitude of several locums, but no action had been taken by the provider to address these concerns.</p> <p>The provider did not record verbal complaints received.</p>	

Example of how quality has improved in response to complaints
The provider was unable to give any examples of how quality has improved in response to complaints.

Any additional evidence
N/A

Well-led

Leadership capacity and capability

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

The provider did not demonstrate sufficient leadership from the partners or senior management. The partners were absent from the day to day running from the practice and the operations manager was predominately based at another location.

Any additional evidence

The partners could not demonstrate insight into systems and processes relating to safeguarding, quality improvement initiatives and patient outcomes.

Vision and strategy

Practice Vision and values

The practice told us they had a vision of high quality care. A number of committed clinicians and reception staff were able to evidence a range of positive values and practices to ensure patient care was delivered, albeit within a fragile or absent governance system.

Culture

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

The practice did not have a culture of high-quality sustainable care.

Staff told us that the governance systems across the practice were fragile.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, they did not have confidence that issues would be addressed.

Not all staff had received an appraisal.

Staff did not always feel supported.

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

Source	Feedback
Staff interviews	We spoke to a range of clinical and non-clinical staff. Whilst several staff spoke positively about their work, some described feeling under intense pressure with a lack of visible management support.

Any additional evidence

N/A

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.		
Practice specific policies	We reviewed a range of policies. Some of which had been marked as reviewed, but contained out of date information. Examples included the safeguarding, cold-chain, complaints and the clinical governance policies.	
Other examples	The provider could not produce any notes relating to governance meetings	
		Y/N
Staff were able to describe the governance arrangements		No
Staff were clear on their roles and responsibilities		No

Any additional evidence

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	No

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	No risk assessment undertaken.
Health and Safety	No risk assessment undertaken.
Premises	No risk assessment undertaken.

Any additional evidence
Following the failure of the telephone system, procedures were not followed which exacerbated access difficulties for patients.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	No

Any additional evidence
The provider did not provide accurate information to the CQC in advance of the inspection, advising us incorrectly that the Registered Manager was present at the location for 50% of the time.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
We met with two members of the PPG. They told us that meetings had taken place, but notes had not been produced or circulated. There was a feedback board on display in reception. However, it contained no specific information of actions undertaken by the PPG. The most recent practice newsletter included an invitation for patients to join the group.

Any additional evidence
N/A

Continuous improvement and innovation

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

Audit area	Improvement
Medicine Reviews by the practice pharmacist	We saw that appropriate monitoring was undertaken by the pharmacist ensuring that patients on high risk medicines were appropriately monitored and that medicines alerts were acted upon.
	We did not see any evidence of clinical audit work undertaken by the ANPs or GPs at the location.

Any additional evidence
The provider had made improvements in their rates of cervical screening, hypertension and diabetes management.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).