

Care Quality Commission

Inspection Evidence Table

West Town Surgery (1-3526858916)

Inspection date: 4 October 2018

Date of data download: 04 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
We saw that the practice had identified staff vaccination as a moderate risk as part of the dispensary risk assessments. The practice provided evidence that staff vaccination and boosters were monitored and evidence of when a vaccination had been offered but declined.	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: November 2017</p>	Y
<p>There was a record of equipment calibration Date of last calibration: November 2017</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Y
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks</p>	Y
<p>Fire drills and logs</p>	Y
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	Y
<p>Fire risk assessment Date of completion 30 October 2014</p>	Y
<p>Actions were identified and completed. Signage required for the storage of oxygen had been actioned. Staff requiring training in evacuation had also been actioned. The practice had booked a fire risk assessment for December 2018 with an external company.</p>	
<p>Additional observations: All staff were trained in the role of fire marshal. When the practice manager was present they assumed this role.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: No formal risk assessment undertaken</p>	N
<p>Health and safety risk assessment and actions Date of last assessment: No formal risk assessment undertaken of the whole building</p>	Partial
<p>Additional comments: The current premises were purchased by the current provider September 2016, the building was assessed by provider and the practice manager. They undertook and identified immediate health and safety risks that were actioned. We saw evidence of risks being identified and actioned. The practice undertook some risk assessments such as in the dispensary, COSHH (in full), lighting in the building and some environmental issues. We saw some evidence of risks being identified and actioned. An example of this was the hole appearing</p>	

near the waiting area towards the clinical rooms. However, we identified many risks during the inspection that had not been identified. For example damage to the window frames and a possible tripping hazard at the entrance to the disabled toilet. We received confirmation following the inspection that these risks were being addressed.

The practice provided confirmation that they would commence Health and Safety risk assessments. All staff received Health and Safety training annually.

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control monthly environmental audit: 8/10/2018 The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw evidence that the infection control lead conducted quarterly environmental infection prevention and control (IPC) audit. The practice had also introduced monthly handwashing audits. There was a process to ensure all clinical equipment was cleaned before and after use.</p> <p>The practice nurse attended three monthly Clinical Commissioning Group (CCG) infection control meetings. Previously the practice had an annual infection control audit undertaken externally by the CCG infection control lead but due to illness that has not occurred for the past two years. The practice confirmed they would plan to undertake an annual audit.</p> <p>The practice had not identified the risk relating to blood specimens being taken in one of the consulting rooms that was carpeted. Following the inspection, the practice confirmed they would review this risk.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

Any additional evidence
We saw comprehensive policies and procedures for control of infection and staff demonstrated good knowledge of these.

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Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers: The non-clinical staff received training and information about sepsis from the practice nurse and confirmed they understood. Sepsis posters were displayed in the practice waiting area.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers: N/A	

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)	1.04	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)	8.6%	9.6%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	

	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any answers:	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Y
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Y
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Y
Explanation of any answers	
<p>Any other comments on dispensary services:</p> <p>At the time of the inspection the practice did not undertake documented checks of competency for dispensary staff. Following the inspection, we received information detailing the new policy for monitoring checks of competency for the dispensary staff and a schedule for the forthcoming year.</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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	9
Number of events that required action	9

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

Event	Specific action taken
Referral made to the hospital two-week referral team that was incomplete.	Staff were instructed to check all information is correct and complete. Referrals are now checked and coded that they have been sent. A further check is made with the hospital team that the referral has been received.
Tasks were being sent to the clinician's secretary without attaching the patient's full demographic details.	Staff were provided with further training to ensure they understand the importance of accurately attaching a patient's demographic details when sending tasks. Staff were also reminded that they must not start the next job until the task they are dealing with has been completed.
A delay in informing the GP of a home visit request and important information incorrectly recorded.	The process and policy for recording home visit requests and informing GPs was reviewed and improved.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>There was an effective system in place with a GP who took the lead. The GP, practice manager and practice nurse viewed all alerts such as safety and medicine alerts. If action was required this was assigned to an appropriate member of staff. The practice did not record the action or the date when it was completed.</p> <p>The safety alerts were clearly recorded whether action was required or not. If action was required this was assigned to an appropriate member of staff and it was recorded when this action was completed. The practice did not send safety alerts to locum doctors who regularly worked in the practice but assumed they receive them elsewhere. The safety alerts were available in the practice.</p>	

Any additional evidence

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)	0.69	0.80	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	86.2%	78.5%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (25)	7.4%	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)	92.2%	77.0%	78.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (4)	5.8%	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)	82.5%	78.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.8% (18)	10.3%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	78.2%	77.9%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (5)	3.9%	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)	90.9%	88.4%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (7)	9.2%	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)	91.7%	82.4%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (9)	2.3%	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)	92.0%	88.3%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.4%	8.2%	
Any additional evidence or comments				

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	65	71	91.5%	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)	23	24	95.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	23	24	95.8%	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)	23	24	95.8%	Met 95% WHO based target (significant variation positive)
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)	77.5%	76.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.6%	72.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.2%	57.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	75.0%	65.9%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	47.1%	49.7%	51.6%	Comparable with other practices
Any additional evidence or comments				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.9%	92.4%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (2)	18.0%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	91.7%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (2)	12.8%	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)	86.7%	82.8%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.8%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	543	539
Overall QOF exception reporting (all domains)	4.9%	4.7%	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)	97.5%	96.3%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice had a system in place to record and monitor verbal and written consent.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	20
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	We received feedback from 20 patients as part of the inspection process which were all? positive. Patients told us they happy with the care they received from the practice. We had comments such as the practice was excellent, helpful, friendly, caring and the staff listened and were professional and knowledgeable. They told us the practice provided an excellent service and staff would go the extra mile.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,059	231	124	53.68%	4%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	79.5%	78.9%	78.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	81.3%	87.8%	88.8%	Comparable with other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	88.0%	95.6%	95.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	75.4%	84.9%	85.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	94.5%	92.1%	91.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	91.2%	91.2%	90.7%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
	N/A

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<p>We spoke with one member of the patient participation group (PPG) who told us they were happy with the care provided by the practice. They said they had always been listened to, encouraged to share their ideas and treated with dignity and respect. They told us that they worked together with the practice manager. They were complimentary about all staff and the care the practice delivered. We were told that the practice had been trying to access funding to upgrade the reception area.</p> <p>We also spoke with another patient who commented on the difficulties accessing appointments. The patient also raised issues that constituted a complaint and were referred to the practice manager for further discussion.</p>

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	79.5%	86.2%	86.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	74.0%	81.1%	82.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	97.3%	90.1%	89.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	87.4%	86.8%	85.4%	Comparable with other practices
Any additional evidence or comments				

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

Carers	Narrative
Percentage and number of carers identified	<p>Population 3059</p> <p>Number of carers 37</p> <p>Percentage of the practice population 1.2 %</p>
How the practice supports carers	<p>Carers were offered flexible appointment times where possible and invited for annual influenza vaccinations. The practice provided information titled 'are you a carer' which helped people to identify themselves as carers and was available online and in the practice. The practice provided support information and links to the local services in the area.</p> <p>The practice used a specific carer referral form to refer patients with their consent to the carers services or for a carer assessment by the local authority.</p> <p>The practice joined with the local community to establish the 'Barton Health Forum'. This was established to support local people in accessing services during the winter and bad weather.</p>
How the practice supports recently bereaved patients	<p>The GP called, visited or wrote to the family if they were known to the practice. The practice also informed staff when of a patient's death, this enabled them to be supportive to the families of the bereaved who may be visiting the practice.</p> <p>The practice provided help and signposted relatives to other support services were appropriate.</p>

Any additional evidence

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Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk is to the left of entrance door and not directly in the waiting area allowing some confidentiality. The building is small and some information could still be overheard. There was no notice asking patients to wait behind a sign to allow the receptionist and patient some confidentiality and to deal with one patient at a time.

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

Examples of specific feedback received:

Source	Feedback
CQC Cards	Patients told us that the treatment by staff had been first class. They said staff were very caring, informative and listened to patients.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am – 12.30pm & 1.30pm – 6.30pm
Tuesday	8.00am – 12.30pm & 1.30pm – 6.30pm
Wednesday	8.00am – 12.30pm & 1.30pm – 6.30pm
Thursday	8.00am – 12.30pm & 1.30pm – 6.30pm
Friday	8.00am – 12.30pm & 1.30pm – 6.30pm

Appointments available	
Consulting times	<p>9.00 am -11.30am and 3.30 to 5.30 pm</p> <p>The practice does not offer consultations on Wednesday and Friday afternoon but staff are but staff are on site and will respond to emergencies.</p> <p>The surgery is closed every second Wednesday afternoon of the month for staff training</p>
Extended hours opening: The practice does not offer extended hours	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>Staff recorded requests for home visits with as much information as possible. This allowed the GPs to consider the urgency of the home visit. All home visit requests were passed to the GP if staff felt the request was urgent, they would interrupt the doctor.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,059	231	124	53.68%	4%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	71.6%	78.8%	80.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	64.6%	66.6%	70.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they could get an appointment (01/01/2017 to 31/03/2017)	71.1%	75.3%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	60.5%	73.8%	72.7%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	We saw comments on NHS choices were all positive about the care and support patients received from all the staff at the practice.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The complaints response letters did not include the details of the Parliamentary Ombudsman (the organisation people would contact if they were not happy with the outcome of the complaint investigation). Complaints leaflets were available in the practice and they contained details of the ombudsman. We discussed this with the practice manager during the inspection and they were going to include the Parliamentary Ombudsman details in all response letters.</p>	

Example of how quality has improved in response to complaints

A patient had booked an appointment but the appointment had not been booked on the system at the time. Following this the practice had introduced several actions to prevent reoccurrence.

- Reception to be reminded to check they have booked the appointment
- To always give the patient an appointment card, to ensure they have booked the appointment.
- Send a text reminder if possible once the appointment has been booked.
- More care to be taken in reception during busy periods.
- Always inform the GP if the practice has made a mistake.

Any additional evidence

Well-led

Leadership capacity and capability

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

The practice is a single-handed GP practice. They are supported by the Practice manager, clinical and administration team. There is a close working relationship with the staff. They were further supported by regular locum GPs were possible.

Any additional evidence

Vision and strategy

Practice Vision and values

- To provide patients registered with the practice with personal health care of a high quality and to promote continuous improvements.
- Act with integrity and in complete confidentiality
- To be courteous, approachable, friendly and accommodating
- Ensure safe and effective services and a safe environment
- To promote and maintain a motivated and skilled workforce.
- Maintain high quality of care through continuous learning and training
- Treat all patients and staff with dignity, respect and honesty

Culture

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

Staff described the culture within the practice as open and friendly. They spoke positively about the support from the GP and effective team working within the practice.

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

Source	Feedback
Staff questionnaires and interviews	Staff told us they were a good team that worked well together and they were very well supported by the GP. They said the GP, practice and reception manager were approachable, helpful and willing to listen.
Staff interviews	Staff had access to online training and they had allocated roles and responsibilities

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was a comprehensive range of policies and procedures in place.
Other examples	<p>The practice had a clear strategy in place, which detailed plans for the practice.</p> <p>There were clear roles and responsibilities with staff taking lead roles. The GP and nurse had been identified for different areas of practice. For example, information governance, safeguarding and infection control, with both taking the lead in clinical areas and the management of patients with long-term conditions.</p> <p>Staff had completed their required mandatory training; however, using an online training system. However, the current process of monitoring this was difficult to understand and not clear. The practice told us that they would improve this process and establish an annual training plan.</p> <p>At the time of the inspection we saw that not all staff had had annual appraisals where performance, future objectives and training needs were discussed. However, following the inspection, we received evidence that this was being addressed. We saw that the staff members who had not received an up to date annual appraisal had had opportunity an access to training.</p> <p>A range of meetings, including clinical meetings, were held regularly where governance issues were discussed. The practice team is small and there were regular staff updates provided verbally.</p> <p>The practice is a training practice and regularly hosts year three medical students from Hull and York Medical School.</p> <p>There was as strong focus on clinical audit.</p> <p>Within the CCG area there was good sharing of information, looking at best practice which ensured better outcomes for patients.</p>
	Y/N
Staff could describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
The practice is a training practice and regularly hosts year three medical students from Hull and York

Medical School. The lead GP had been voted 'best clinical supervisor' by the students.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Blind cords to windows in the practice not safe.	The practice has now fitted safety attachments to the blinds in the practice. However, we noticed one room where this had not been addressed.
The practice identified a hole in the access ramp at the far end of the waiting area due to wear and tear	A sign was placed in the area advising staff and patients to be aware and the following day the ramp was repaired.

Any additional evidence

Appropriate and accurate information

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

Any additional evidence
CQC had received the required notifications for example following the change in registration of the practice.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
There was a Patient Participation Group (PPG) however the practice was struggling to get more people involved in the group and to attend regular meetings. The representative we spoke with told us members

views and opinions were always listened to and valued by the practice.

There were examples of several suggestions that the PPG had made that had resulted in changes at the practice. Examples included, displaying the number of missed appointments in the waiting area. The PPG were also working with the practice manager to improve the environment in the waiting area and had already started by helping to declutter notice boards.

We saw PPG meeting minutes which showed that the practice shared information on practice performance and current local health issues.

Any additional evidence

Continuous improvement and innovation

Examples of improvements demonstrated because of clinical audits in past two years

Audit area	Improvement
Review of patients taking medicines that required regular monitoring	<p>The audit was undertaken to identify:</p> <ul style="list-style-type: none"> • The number of patients taking these medicines • What medicines they were taking • The number of patients who were receiving regular blood tests <p>At the first audit only 60% of patients were receiving regular monitoring via blood sampling.</p> <p>The practice established an action plan to identify and contact the patients who were not being regularly monitored.</p> <p>At the second audit 90% of patients were receiving regular monitoring. The practice had also agreed shared protocols in place with the local hospital for some patients who attended both the practice and the hospital.</p>
To identify Diabetic patients who have clinical evidence of proteinuria/microalbuminuria and to ensure they commence the recommended medication for this condition.	<p>The audit identified 183 diabetic patients.</p> <p>Of these 22 patients had a diagnosis of proteinuria/microalbuminuria</p> <p>Four patients were not on the recommended medication.</p> <p>81% of patients on the register were receiving the recommended medication.</p> <p>The four patients who were not receiving the medication were reviewed.</p> <p>At the second audit the total number of patients receiving the recommended medicine had increased to 86%. The practice could</p>

identify the reason why some patients were not on the medication.

Any additional evidence

The practice has a proactive approach to audit and has undertaken a number of audits in areas such as minor surgery, medication and the fitting of coils.

The practice offers training to year three medical students and provides an apprenticeship scheme for administration staff in conjunction with the local college. There was currently one apprentice at the practice at the time of the inspection.

The practice continues trying to recruit a further GP to join the team.

DO NOT DELETE THE NOTES BELOW

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](#)).