

# Care Quality Commission

## Inspection Evidence Table

### Brooklands Medical Practice (1-545937960)

Inspection date: 6 November 2018

Date of data download: 07 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	No
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Partial
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:  The practice had a safeguarding policy in place, although this required some updating to reflect the changes to the designated safeguarding lead. Staff members we spoke with did not always know where to access these policies. However, all staff knew who the current safeguarding leads were and understood the different types of abuse and when to report concerns. Examples provided by GPs demonstrated they responded to concerns quickly and appropriately. Staff training records showing who had received training in safeguarding children and adults were incomplete and the training matrix spreadsheet was unclear making it difficult to track what training staff had received and when. Reception staff when asked were unclear if they had received this training. The nursing staff confirmed they were trained in children's safeguarding but were unable to state when they had not undertaken this training.  Staff had had recent IRIS (Identification and Referral to Improve Safety) training, which staff confirmed had helped them recognise and respond to patients who were also potential victims of domestic abuse.	

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.	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
<p>Explanation of any answers: The practice had a list of staff vaccinations for flu, however a record of other vaccinations to demonstrate staff were up to date with routine immunisations and other immunisations that maybe required was not available.</p> <p>The practice manager was in the process of transferring staff recruitment paper records into an electronic format. The practice manager confirmed staff identification DBS records had been seen at the practice as part of their recruitment procedure when undertaking DBS checks. However, these had not been kept, nor had a record confirming they had been seen been recorded.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 08/08/2018
There was a record of equipment calibration Date of last calibration:	Yes 19/02/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	No
Fire extinguisher checks	Yes
Fire drills and logs	No
Fire alarm checks	Yes
Fire training for staff	No
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 02/10/2018
Actions were identified and completed.  The fire risk assessment identified actions which were not yet completed. These included staff training in fire safety, undertaking a fire safety drill, completing an emergency evacuation plan and to publicise who the practice designated fire marshals	Partial

were. Staff confirmed they had not received fire safety training or participated in a fire drill. The practice manager confirmed these actions required completion.	
Additional observations: The fire safety system, including the fire alarm and extinguishers were services and maintained regularly.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 02/11/2018
Health and safety risk assessment and actions Date of last assessment:	Yes October 2018
Additional comments:  The practice building was extended and refurbished in 2013. At this time the practice had an asbestos assessment; and evidence indicate an assessment of the practice electrical installation was undertaken. The practice also had a gas safety certificate although this had not been updated since September 2017. The practice manager confirmed a gas safety maintenance check would be undertaken immediately and an up to date gas safety certificate was forwarded to us, two days after the inspection. A legionella assessment was provided the day following the inspection visit. This was dated May 2016 and the report identified areas requiring regular monitoring. It was confirmed this monitoring had not been undertaken.  Staff training records in health and safety subjects, such as health and safety, fire safety, and infection control were not in place. Staff were unable to provide clear information regarding when they last had health and safety training.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified  Detail: The practice nurse was the lead for infection control and they had received additional training to undertake this role. A full comprehensive infection control audit was undertaken by the community infection control team in November 2015 and after this the practice nurse had undertaken audits and re-audits to ensure identified actions were responded to. Records showed audits had been undertaken in January 2016 and 2017, August 2017 and January 2018. Areas identified for improvement included correct labelling of clinical waste bags and ensuring guidelines for the cleaning of the nebuliser were in place. These had been actioned. Additional checks in 2018 included a hand hygiene audit undertaken in July 2018 and a cleanliness audit assessment undertaken in September 2018. These items were available at the re-audit in September.	Yes 29/01/2018
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: Cleaning schedules and audits to monitor standards of cleaning undertaken were undertaken.	

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>Staff demonstrated an awareness of recognising and responding to patients reporting serious symptoms. Information was readily available about responding to suspected sepsis. The nurse practitioner provided a recent example where a sepsis alert was flagged for a patient which resulted in rapid appropriate action to ensure the patient received treatment quickly.</p>	

## Information to deliver safe care and treatment

### 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)	1.05	1.03	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)	8.5%	8.3%	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	Yes

changes to a patient's medicines including changes made by other services.	
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
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

### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	10
Number of events that required action	10

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

Event	Specific action taken
Patient records identified that a patient's past medical history had not been summarised.	The practice identified the issue and considered the potential of other records not being summarised correctly. Action taken to address this included a review of the staff involved, the allocation of two staff members to review patients records and additional vigilance by GPs, including the corroboration with patients opportunistically to ensure records were correct.
Prescription requested tasked to staff member on leave.	Staff reminded to use out of office functionality on the practice electronic system.
New patient was asked to attend flu clinic due to coding on patient notes of an existing condition.	Upon discussion with patient the coding was an error. New patient template adapted to include additional information regarding height and weight to prevent errors regarding a patients weight being coded.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice clinical pharmacist and the GPs responded to patient safety alerts as appropriate. The practice manager was not aware that a log of patient safety alerts was maintained. The practice confirmed that this was available following our inspection.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.09	1.21	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 (01/04/2017 to 31/03/2018) (QOF)	77.0%	78.7%	78.8%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 10.9% (37)	CCG Exception rate 13.7%	England Exception rate 13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	67.4%	77.2%	77.7%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 8.2% (28)	CCG Exception rate 11.2%	England Exception rate 9.8%	

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 (01/04/2017 to 31/03/2018) (QoF)	82.5%	81.4%	80.1%	Comparable with other practices
<b>QoF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	14.4% (49)	12.5%	13.5%	
<b>Any additional evidence or comments</b>				
<p>The practice was aware of the need to improve their performance in the monitoring of patients with diabetes and provided evidence to demonstrate improvement in achievement each year for the last five years. The staff confirmed they did struggle to get patients to attend some of their reviews and operated a monthly recall system for patients. This included sending out letters, text reminders and telephone calls. The practice nurse confirmed the practice offered flexible and opportunistic appointments to patients. We were told there was a number of patients were registered at the practice but no longer living in this country. They said the availability of early morning appointment on Fridays twice a month was useful for working patients.</p> <p>The practice had undertaken an audit comparing the practice performance with the national diabetes audit and identified areas of improvement including adding a prompt to undertake urine tests as part of the patient review.</p>				

<b>Other long term conditions</b>				
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 (01/04/2017 to 31/03/2018) (QoF)	73.9%	75.7%	76.0%	Comparable with other practices
<b>QoF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	3.3% (13)	7.4%	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 (01/04/2017 to 31/03/2018) (QoF)	94.4%	87.9%	89.7%	Comparable with other practices

<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>
	6.0% (9)	11.6%	11.5%

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.6%	81.4%	82.6%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	5.7% (48)	5.2%	4.2%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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 (01/04/2017 to 31/03/2018) (QOF)	97.3%	89.8%	90.0%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	16.1% (14)	6.0%	6.7%	

**Any additional evidence or comments**

The practice was reviewing how to offer patients a one stop appointment to review all long term conditions at one appointment.

Families, children and young people

<b>Child Immunisation</b>				
<b>Indicator</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Practice %</b>	<b>Comparison to WHO target</b>
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	95	98	96.9%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for	72	76	94.7%	Met 90% minimum (no variation)

Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)				
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)	72	76	94.7%	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)	73	76	96.1%	Met 95% WHO based target (significant variation positive)

#### Any additional evidence or comments

The practice offered a weekly baby clinic and encouraged mothers or carers to attend for baby immunisations. The practice could contact the health visitor if they had any concerns.

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)	74.0%	64.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.1%	59.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)		-	-	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)	92.1%	76.8%	71.3%	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)	45.5%	52.2%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>				
The practice was proactive in recalling patients for cervical screening, including direct telephone calls, and opportunistic provision. The practice nurse stated the early morning appointment on a Friday had been successful in increasing the number of patients attending for this screening.				

One staff member was a cancer champion and had received additional training to assist the practice in raising awareness of the importance of cancer screening. The initial focus was on bowel screening. The staff member monitored patients offered this screening and contacted those who did not take up the offer to encourage them to get screened.

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 (01/04/2017 to 31/03/2018) (QoF)	92.3%	87.9%	89.5%	Comparable with other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions) 1.9% (1)	CCG Exception rate 12.1%	England Exception rate 12.7%	
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 (01/04/2017 to 31/03/2018) (QoF)	92.5%	88.5%	90.0%	Comparable with other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 9.6%	England Exception rate 10.5%	
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 (01/04/2017 to 31/03/2018) (QoF)	73.7%	83.5%	83.0%	Comparable with other practices
<b>QoF Exceptions</b>	Practice Exception rate (number of exceptions) 5.0% (2)	CCG Exception rate 6.6%	England Exception rate 6.6%	
<b>Any additional evidence or comments</b>				
The practice recognised their performance in monitoring patients with dementia required improving and had appointed a staff member to be the practice dementia champion to monitor patients attendance at reviews and to recall patients who missed their review.				

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548.75	546.45	546.55
Overall QOF exception reporting (all domains)	4.5%	7.4%	5.8%

### 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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	96.6%	94.6%	95.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (9)	0.9%	0.8%	

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice implemented protocols to ensure consent was sought and recorded appropriately. This included reviewing patient records when investigating significant events and complaints.
The practice was aware of and confirmed they complied with the new General Data Protection Regulation (GDPR). The practice maintained data safely in accordance with data protection legislation.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	48
Number of CQC comments received which were positive about the service	45
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards.	Forty- five CQC comment cards described the service, GPs and the reception team positively. Comments cards repeatedly used descriptive words such as “Excellent”, “Fantastic” and “Exceptional”. Staff were described as welcoming, caring and respectful. Comments indicated that GPs listened to them, treated them with respect and never rushed them. Negative feedback from one person referred to the telephone system, another spoke of one experience with a locum GP and a third commented on the lack of privacy in the reception area.
Patient feedback	We spoke with four patients by telephone. They were also very positive about the care and treatment they received at the practice and praised the GPs commenting on the continuity of care they received. The description of the service reflected those we received in the patient comment cards.
NHS Choices	All ten ratings left on the NHS Choices rated the practice as five stars. Seven rating had been left in the last 12 months. All the comments described personal experiences and how the practice had supported them with their health care needs. All were complimentary about the quality of care and treatment and the staff and service provided by the practice.

## 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
5953	307	105	34.2%	1.76%

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)	97.7%	87.6%	89.0%	Variation (positive)
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)	96.4%	85.8%	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)	99.2%	94.7%	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)	99.2%	82.1%	83.8%	Variation (positive)

**Any additional evidence or comments**

The practice analysed the GP patient survey results to review the breakdown of respondent's responses. So, for example the practice was rated 97.7% for being very good or good at listening to patients. The practice analysed these results further and identified that that 74% of 97.7% total rated the practice very good. The 'very good' figure was the target the practice aimed to improved. Data supplied by the practice, which they confirmed they had taken from the GP patient survey indicated they were within the top 4% of practices with this score.

The practice also provided other data they had extracted from the GP patient survey which showed that they were within the top 3% of practices for providing helpful receptionists and was within the top 2% of practices offering patients enough time during their appointment.

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

Date of exercise	Summary of results
Ongoing	The practice was currently reviewing the experiences of patients following a consultation with a Locum GP. At the time of this inspection data had been obtained from ten patients for five separate locums. The intention of the practice, once further

	feedback had been obtained was to use the feedback to inform the practice decisions regarding which locum GPs they would use.
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Any additional evidence	
The practice's ethos included promoting patient continuity of care. This meant that patients usually saw their regular GP even for urgent appointments.	

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and comment cards.	Patients described being listened to by clinicians and being kept fully informed about their care and treatment. The GP patient survey results also showed the practice to be performing highly.

### 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)	98.8%	91.4%	93.5%	Comparable with other practices

Any additional evidence or comments	
The GP patient survey results showed the practice to be performing above local and national averages for involving patients in decisions. GPs saw a maximum of four patients each hour. The length of appointment time was extended as required to meet patient needs or the clinician's requirements.	

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
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Percentage and number of carers identified	The practice had 101 carers registered. This equates to 1.7% of the patient population
How the practice supports carers	<p>The practice provided unverified data to show that over 50% of the registered carers had received a flu vaccination for this year. Carers were also offered an annual health check.</p> <p>The practice had a carer's champion who monitored the patients listed as a carer and ensured they were offered support with signposting to support services, flu vaccination and health checks.</p> <p>The patient waiting area had information clearly displayed with a folder of leaflets patients could take away. This included information on the Manchester Carer's network, dementia carers groups and other avenues of support.</p>
How the practice supports recently bereaved patients	The practice pro-actively contacted bereaved patients and offered support as required. The practice also notified a range of health care agencies to advise them of the patient death and to minimise further distress to the patient family. Staff attended patients' funerals where possible.

<b>Any additional evidence</b>
We observed staff speaking with patients in a warm friendly manner. Staff were patient and ensured they understood clearly what patients were requesting and when arranging appointments staff asked if an interpreter was required.

## 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	Telephone calls to the practice were answered away from the main reception desk to provide privacy. The practice offered an electronic self-check-in facility. If patients wanted to have a more private conversation a quiet area was available and the offer of a private room if one was available.

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

Examples of specific feedback received:

Source	Feedback
Staff interviews.	Staff told us they responded to patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration and respect.
Patient feedback, comment cards and NHS choices feedback	<p>45 comments cards provided wholly positive feedback about the quality of care and support provided by the practice.</p> <p>NHS Choices feedback contained only positive feedback, detailing personal experiences and awarding the practice the top rating of 5 stars.</p> <p>Patients we spoke with were complimentary about the quality of care and compassion GPs provided.</p>

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00 to 18:30
Tuesday	08:00 to 18:30
Wednesday	08:00 to 18:30
Thursday	08:00 to 18:30
Friday	08:00 to 18:30

Appointments available	
Monday to Friday	Morning surgeries, 08:15-11.30am Midday surgeries for urgent appointments and Afternoon surgeries 2.30-5.30pm
Extended hours opening	
Tuesday and Wednesday	18.30 to 20.00 GP
Wednesday	07:30 to 08.00 Nurse practitioner
Friday	07.00 to 08.00 GP, practice nurse and healthcare assistant
Extended Access primary health care appointments available at a number of hubs sites. Monday to Sunday	08:00 to 20:00

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	
<p>The practice ethos was to ensure continuity of care for patients, so patients requiring an urgent appointment were seen by their GP on the day. Likewise, GPs knowledge of the health and wellbeing of patients ensured home visits were undertaken appropriately. The practice also offered daily telephone appointments.</p> <p>Appointments were also available and offered at hub sites provided through the GP federation primary care access provision. The practice reported that this option was not very popular with patients.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5953	307	105	34.2%	1.76%

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)	100.0%	93.3%	94.8%	Significant Variation (positive)
<b>Any additional evidence or comments</b>				
<p>The practice offered a range of appointments to patients at various times during the day. Each GP had a number of reserved appointments allocated each day. This ensured that GPs could see 'their' patients in an urgent situation. GPs saw a maximum of four patients each hour. The length of appointment time was extended as required to meet patient needs or the clinician's requirements.</p> <p>Two GPs also provided patients with their email address to answer minor queries. The GPs also emailed patients directly their blood test results. Feedback from patients spoken with confirmed they found this really useful and reassuring.</p>				

## 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)	90.6%	68.7%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	86.8%	66.4%	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)	94.3%	65.9%	65.9%	Significant Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	87.3%	70.8%	74.4%	Comparable with other practices
<b>Any additional evidence or comments</b>				
Data supplied by the practice, which they confirmed they had taken from the GP patient survey indicated that the practice was within the top 1.5% of practices nationally for patient satisfaction with appointments times				

Examples of feedback received from patients:

Source	Feedback
CQC comment cards and NHS Choices	Patient feedback both from the CQC comment cards and on NHS choices website provided examples of how the practice had adapted their appointment schedule to ensure care and treatment was provided. Many of the comments came from patients who said access outside the normal core hours was important to them.

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
<p>The practice logged patients' concerns and investigated these as complaints. One complaint we viewed provided evidence of investigation and included a detailed written response to the complainant with an apology and an explanation about how the practice intended to minimise the chance of reoccurrence of this. The letter to the complainant did not include details of the health ombudsman should the complainant wish to pursue their concerns further.</p> <p>The other complaints we viewed included emailed concerns and there was no recorded evidence of a response. The practice manager confirmed that they had responded to the complaints verbally, discussing the issues and concerns and reaching agreed resolutions. However, logs of these discussion detailing who was spoken with, when and what was agreed were not maintained. The practice manager confirmed that this would be recorded in future.</p> <p>The practice manager confirmed that changes implemented in response to a complaint were shared by</p>	

email with staff and discussed as required on an individual basis.

# Well-led

## Leadership capacity and capability

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

The practice had a stable work force, several staff members had worked there for several years. Staff were allocated specific roles including monitoring the registers of patients with long term health conditions and cancer, carer and dementia champions. The practice held quarterly full practice meetings which staff found useful.

## Vision and strategy

### Practice Vision and values

The practice told us their ethos was “patients come first”. The practice’s overall aim was: ‘to provide high-quality patient-centred, accessible primary health care. The overall aim was supported and underpinned by a number of other aims. The systems in place to ensure patients saw the GP of their choice and access to appointments supported the practice ethos of providing patients with person centred continuity of care.

## Culture

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

Systems implemented fostered a culture of openness and honesty in responding to complaints and incidents. Patient and stakeholder feedback were viewed as opportunities to learn, develop and improve.

Patient care was a priority and systems to ensure patients received the right care at the right time by the right clinician were in place. These included a system of appointment allocation to the patient’s named GP, systems of call and recall, failsafe monitoring to ensure patients did not miss critical appointments and checks to ensure test results were received and responded to in a timely manner. For example, two GPs used email to advise patients of test results.

The practice planned its services to meet the needs of the practice population. The practice monitored patient feedback to ensure it was providing the care that patients needed and wanted.

The practice strategy was in line with health and social priorities across the region.

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

Source	Feedback
Staff	Staff we spoke with were clear about their role and responsibilities at the practice and how they contributed to the delivery of a quality service. Staff said the practice team was open in its approach, friendly and willing to listen.
Meeting Minutes	Meeting minutes showed regular full practice team meetings took place about every three months. Minutes from these demonstrated staff views and opinions were actively sought.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Practice specific policies were available and these were reviewed, although these were not always reviewed at annual intervals.
Staffing	Systems were established to minimise the risk of understaffing and to provide opportunities to cover staff absence. This reduced the practice need to use locum staff.
Practice meetings	There was a meeting structure with agendas that allowed for discussion of all areas of quality improvement. Minutes from these showed a wide range of subjects were discussed. The GP partners met regularly and the reception teams also met at approximately six monthly intervals. However dedicated clinical meetings between GPs and the practice nurses had not been undertaken in recently. Nurses confirmed GPs were accessible and informal discussions and support provided daily.
Staff training	Management overview of staff training and development needed some improvement. Staff training and development in some areas such as health and safety subjects had not been prioritised. The two nurses had not received an appraisal in last 12 months
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

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

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Systems and processes to respond to potential risks to patients.	Systems to respond to significant incidents, complaints and patient safety alerts were established and embedded. However, some documentation for complaints and patient safety alerts required further development.  Fire safety improvements were being implemented.
Quality Improvement	The practice reviewed performance and worked in partnership with other healthcare professionals to ensure patient needs were prioritised. The GP partners met regularly to review practice performance and service delivery. Staff had allocated specific lead roles and were accountable to ensure practice performance was maintained.

Staffing	Staff confirmed they were supported and provided with opportunities to develop. The practice cancer champion had attended training and development to support them with this role.
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### 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
The practice had a small established PPG that met approximately every six months to discuss issues and concerns. Minutes from these meetings were available. We spoke with four members of the PPG and they confirmed they felt involved and listened too. We heard of examples where the practice had listened to issues regarding access to the practice on Thursday afternoons and this had been reviewed and now remained open on this day.

### Continuous improvement and innovation

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

Audit area	Improvement
Diabetes audit comparing the practice with the national diabetes audit	April 2018: The practice reviewed how it monitored patients with both type 1 and type 2 diabetes and compared their results alongside the results from the national audit undertaken in 2016/17. The audit identified the practice performing well for type 2 diabetes when compared with the national audit, although improvements were identified for checks on urine. The re-audit undertaken in October 2018 identified improvements in these checks from 14% to 69%, above the national audit results.
Valproate audit – female patients of child bearing age.	The audit refers to recent patient safety alerts regarding this medicine. The two-cycle audit undertaken in April and August 2018 identified appropriate actions had been undertaken to mitigate any potential risks to patients.
Other clinical audits	A range of other clinical audits were available including monitoring of blood tests for patients with poorly controlled diabetes; an audit of referral of patients with chronic kidney disease (CKD 4 and 5) and a number of medicine audits.

Any additional evidence
The practice was a training practice for doctors training after qualification and a teaching practice offering placements to undergraduate medical students (year 5). The practice had been awarded a 'gold' certificates of achievement by the university for the quality of teaching.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

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