

# Care Quality Commission

## Inspection Evidence Table

### The Gainsborough Practice (1-568446667)

Inspection date: 14 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 (a)
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any answers: (a) The safeguarding lead did not have oversight of all the safeguarding referrals made by the practice. The practice decided to review their reporting process for safeguarding concerns to include the lead for safeguarding and the lead GP partner. We found no concerns with raising a safeguarding concern or reporting them to the relevant external stakeholders.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers: Not applicable	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: May 2018	Yes
There was a record of equipment calibration Date of last calibration: April 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes (b)
Fire marshals	Yes (c)
Fire risk assessment Date of completion: November 2018	Yes
Actions were identified and completed.	Not Applicable
Additional observations: Fire alarm service July 2018	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: October 2018	Yes
Health and safety risk assessment and actions Date of last assessment: November 2018	Yes
Additional comments: Workstation assessments for all staff had commenced October 2018. Due for completion by December 2018. (b) Two GPs were overdue their training for fire safety. The practice had arranged for them to undertake this in December 2018. (c) There were three named fire wardens but they had not received role specific training. The practice confirmed they had completed this after the inspection day.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: October 2018 The practice acted on any issues identified Detail: Actions identified through the infection control audit had suitable and appropriate actions to be undertaken within a suitable timescale. For example, an annual infection control statement was due to be added to the practice website by the end of December 2018.	Yes  Yes (d)
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: (d) We noted a patient couch in one of the treatment rooms had a large amount of rust on the frame. This had not been identified in the last infection control audit in October 2018. The practice told us they had removed the couch and replaced it with one from another room after the inspection day.	

### Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers: Not applicable	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers: Not applicable	

## 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)	0.83	0.93	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	13.0%	9.0%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
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 (e)
<p>Explanation of any answers:</p> <p>(e) The infection control lead nurse had undertaken a cold chain audit which identified any concerns with storage of refrigerated medicines including vaccines. The audit identified a requirement to highlight any vaccinations due to expire within a four-week period, so they could be used first.</p>	

### Any additional evidence

The practice showed us their medications reviews for the 12 months up to November 2018.

- 89% of patients on four or more medicines had received a medicines review.
- 80% of patients on one or more medicines had received a medicines review.

We found some uncollected prescriptions at the reception desk that were up to three months old. We heard different accounts regarding collection timescales and inconsistencies in how these were managed from different staff. The practice decided to review this arrangement after the inspection and monitor the prescriptions to ensure patients remained safe.

### 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	Partial (f)
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	16
Number of events that required action	16

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

Event	Specific action taken
A window was left unlocked overnight after the practice was closed.	The practice initiated an opening and closing procedure to ensure this incident did not occur again.
A report for a patient from an external healthcare organisation had two patient details on same report.	Staff raised this with the external organisation who sent an apology to the patients involved. The practice reminded staff to double check the patient details on each sheet of a report before scanning into the patient record.

### Any additional evidence

(f) During the inspection the inspection team were told of an incident involving an emergency in the waiting room. Whilst this had been highlighted to us as an example of how the practice worked well together, we found it had not been escalated through the significant events process and subsequent learning actions shared.

An example of learning already identified was a staff member who was unaware of the locations of the practice incident alerting system (a blue flashing light outside each clinical room or area, which alerted staff to the location of an incident).

The practice told us they would offer additional training to staff in identifying incidents that require reporting and add it as an agenda item for the next meeting.

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>Alerts were received into the practice through a designated email which was reviewed daily by specific administration staff. Alerts were then disseminated to clinical or non-clinical staff as necessary and a specific person allocated to undertake any action required.</p> <p>All the alerts were logged with the actions taken (including, if no action needed or required). They were also added to the agenda for the next clinical and team meeting to discuss or highlight actions required.</p>	

Any additional evidence
<p>In response to an alert about an injectable medicine used in the treatment of anaphylaxis (a life threatening allergic reaction), the practice had written to all patients affected by the alert, added a note to the patient record and placed a notice in the waiting room. This ensured all patients were aware of the alert and how the practice was acting on the information.</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)	0.85	0.73	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)	72.3%	78.5%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (28)	14.1%	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)	79.2%	81.9%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (60)	7.7%	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)	73.6%	79.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (32)	11.4%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	75.6%	76.8%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (54)	3.2%	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)	96.0%	92.6%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.0% (15)	7.8%	11.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	80.3%	83.2%	82.6%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (177)	3.6%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	97.7%	90.4%	90.0%	Variation (positive)
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.8% (24)	6.2%	6.7%	
<p><b>Any additional evidence or comments</b></p> <p>The practice was unaware of the exception reporting figures for patients with long-term conditions published in October 2018 (2017/18 QOF data). They had not recognised it was high for some indicators. The exceptions were often added by a member of the administration team and not reviewed by a clinician to ensure it was an appropriate action. The practice decided they would review this arrangement after the inspection.</p>				

## 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)	102	105	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	85	87	97.7%	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)	86	87	98.9%	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)	87	87	100.0%	Met 95% WHO based target (significant variation positive)
<b>Any additional evidence or comments:</b> Not applicable				

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)	79.7%	71.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.9%	71.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.6%	50.0%	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)	67.4%	80.2%	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)	55.3%	47.6%	51.6%	Comparable with other practices
<b>Any additional evidence or comments:</b> Not applicable				

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)	92.6%	93.5%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	49.1% (26)	8.1%	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)	90.0%	93.3%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	43.4% (23)	6.5%	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)	86.4%	83.4%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (3)	4.9%	6.6%	

### Any additional evidence or comments

The practice was unaware of the exception reporting figures for patients experiencing poor mental health, published with the 2017/18 QOF data. They had not recognised it was high for many itemised interventions to follow up and monitor patients (such as a record of alcohol consumption as shown above). The exceptions were often added by a member of the administration team and not reviewed by a clinician to ensure it was an appropriate action. The practice decided they would review this arrangement after the inspection.

The practice told us there were occasions where patients signed a disclaimer advising they declined to attend for a review appointment. However, there were no further attempts made to engage with patients who did not attend their review appointments and the practice did not consider the implications for patients who declined on several occasions.

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	96.9%	98.3%	96.0%
Overall QOF exception reporting (all domains)	7.9%	5.5%	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) <small>(QOF)</small>	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) <small>(QOF)</small>	90.7%	95.6%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (16)	0.7%	0.8%	

## Consent to care and treatment

### Description of how the practice monitors that consent is sought appropriately

Consent forms were available for patients undergoing minor surgical procedures. The completed form was then scanned into the patient record. The practice showed us audits of consent carried out in March 2017. The audit identified 100% of patients requiring written consent had it documented in the records.



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	28
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards.	<p>Positive feedback included how helpful and friendly staff were. There were a number of comments on how the service had improved in the preceding 12 months and accessing care and treatment had improved.</p> <p>The mixed comments referred to waiting times for appointments and difficulty accessing the practice by telephone.</p>

## 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
9834	277	110	39.7%	1.12%

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)	91.1%	86.3%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.2%	85.0%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.5%	94.8%	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)	94.3%	80.3%	83.8%	Comparable with other practices
<b>Any additional evidence or comments:</b> Not applicable				

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

Date of exercise	Summary of results
February 2018	<p>An online survey was carried out over a two-week period in February 2018. In addition, the patient participation group (PPG) handed out paper copies in the practice waiting area. The practice received 808 responses (8% of the patient list). The results were collated and analysed by the PPG.</p> <ul style="list-style-type: none"> <li>• 78% of patients said the reception staff were good or excellent at being helpful and friendly.</li> <li>• 78% of patients surveyed said their GP was good or excellent at understanding their concerns.</li> <li>• 78% of patients said their GP was good or excellent at explaining their treatment plan.</li> <li>• 92% of patients surveyed felt the nursing team was good or excellent at being friendly and helpful.</li> <li>• 89% of patients felt the nursing team was good or excellent at explaining their treatment plan.</li> </ul>

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	GPs listen to patients and staff treat patients with dignity and respect.
Comment cards	Always treated with respect and involved in decisions about care and treatment. GPs take time to listen and are patient.

### 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)	96.1%	92.7%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	196 (2%) of patients were registered as carers
How the practice supports carers	Carers were offered annual health checks and a flu vaccination. Carers were signposted to a local support organisation. The practice was considering appointing a carers champion.
How the practice supports recently bereaved patients	The patient's named GP contacted the bereaved family to offer condolences and signpost them to further support.

## 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	Self-service check in point. Patient queuing system to ensure only one at a time at the desk. Telephone calls taken away from main reception desk

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
Comment cards	Reception staff always courteous, friendly and helpful. Feel treated with respect.

# Responsive

## Responding to and meeting people's needs

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

Appointments available	
Morning appointments: 8.30am to 11.50am	Afternoon appointments: 2.30pm to 5.40pm
A variety of appointments were available to patients including same day/urgent, 24 and 48 hours in advance, one and two weeks ahead and routine (up to six weeks ahead). In addition, patients could access telephone consultations.	
Extended hours opening	
There were no extended opening hours available at the practice. The practice was a member of a local federation of GP services within the Bracknell and Ascot area, who offered an extended hours service to all patients within the area. The service was operated from another surgery during weekday evenings from 6.30pm to 8.30pm, Saturdays from 8am to 2pm and Sundays from 8am to 10am.	

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	
Once a patient had contacted the practice to request a home visit the details were added to the nurse triage list. The triage nurse contacted the patient back and decided if a home visit was necessary. The home visit was then added to the patient's named GP list for a visit at the end of clinic, or to the Duty GP list if the named GP was unavailable. If an urgent home visit was needed the practice arranged for a GP to visit during clinic hours.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,834	277	110	39.7%	1.12%

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)	97.7%	94.0%	94.8%	Comparable with other practices
<b>Any additional evidence or comments:</b> Not applicable				

## 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)	77.7%	63.8%	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)	78.3%	62.8%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	69.8%	61.2%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	81.6%	70.6%	74.4%	Comparable with other practices
<b>Any additional evidence or comments:</b> Not applicable				

Examples of feedback received from patients:

Source	Feedback
Practice own patient survey	<p>The practice carried out their own survey in February 2018:</p> <ul style="list-style-type: none"> <li>• 65% of patients surveyed said it was very easy or OK to get a same day appointment.</li> <li>• 80% of patients said it was very easy or OK to get a routine appointment.</li> <li>• 86% of patients said they were satisfied with a GP telephone consultation.</li> <li>• 49% of patients felt appointment access could be improved.</li> </ul>
Comment cards	<p>Three patients made negative comments about appointments out of 28 comment cards. Two commented they found it difficult to get an appointment at a time when they needed one and one patient commented on feeling rushed in appointments due to them being 10 minutes long.</p> <p>Four patients gave positive comments on the comment cards, stating they found it easy to make an appointment (including on the day).</p>
<p><b>Any additional evidence or comments:</b></p> <p>The practice had undertaken a review of their did not attend (DNA) rates to encourage patients to attend for their appointments. Notices in the waiting area informed patients how many appointments were wasted in the previous month and outlined the practice policy on DNA. Patients were asked to write their own appointment cards and read back the details to the reception team. The practice felt this strategy would enable patients to remember their appointments. The practice also issued text reminders and encouraged patients to keep their contact details up to date.</p>	

### Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<p><b>Additional comments:</b></p> <p>All written complaints we viewed had received details of the health ombudsman.</p> <p>The practice did not record all verbal complaints and did not include these in analysis of trends and themes. The practice decided to review this arrangement after the inspection day.</p>	



### **Example of how quality has improved in response to complaints**

All complaints were investigated as a significant event to ensure any outcomes or learning actions were fully documented and recorded. For example, a GP was offered additional training in a clinical procedure following a complaint.

# Well-led

## Leadership capacity and capability

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

The practice had a leadership structure with assigned lead roles. Staff were aware of who to speak to with specific concerns or issues and regular meetings were held to keep staff informed. Governance, complaints, significant events and other feedback were added to meetings as rolling agenda items. The GP partnership were actively promoting the practice to encourage new GPs to join and were aware of the importance of early succession planning.

### Any additional evidence

One of the GP partners had recognised the difficulties in recruiting additional GPs locally into the practice and contacted some overseas GP stakeholders to encourage applications from overseas GPs. During this process further difficulties were uncovered in gaining the correct accreditation for overseas GPs to register as a GP in the UK. The GP worked with external stakeholders to review the accreditation exam fees.

## Vision and strategy

### Practice Vision and values

The practice had a clear vision and strategy which was demonstrated by all staff. Honesty, transparency, dedication, openness and fairness were values which underpinned the vision for the practice to be the medical practice of choice, delivering healthcare and learning to the highest quality through clinical excellence, patient safety and participation.

## Culture

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

All staff told us there was a culture of support and encouragement. Staff worked together to promote positive patient outcomes and share learning.

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

Source	Feedback
Written feedback from staff	Feel supported and can approach management for anything.
Written feedback from staff	Staff support one another and work well as a team.
Written feedback from staff	Staff attend social events throughout the year (outside of working hours).
Written feedback from staff	Management are caring and respectful.
Staff interview	Staff are encouraged to raise concerns and are aware of the whistle blowing policy.

Any additional evidence	
Staff wellbeing was considered by management; all staff were offered a complimentary eye test and a contribution towards glasses (where required). The GP partners paid for an annual staff Christmas party and summer barbeque. During the hot weather in the summer, staff were offered the opportunity to swap shifts to work in cooler times of the day and could move to a lower floor office where it was cooler to work.	
Staff told us they knew how to raise a significant incident but we found examples where this had not been undertaken, for example, following an emergency in the patient waiting room.	

**Governance arrangements**

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	All the policies we viewed contained appropriate information and had been regularly reviewed to ensure they were up to date.
Other examples	One of the GP partners was the governance lead and other GPs and nurses had lead roles.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence	
Governance processes had not identified high exception reporting for quality outcomes framework indicators.	

**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
Infection control	Regular audits and staff training. When we identified the rust on a piece of equipment, the practice made arrangements to replace it within two days of the inspection.
Complaints	All complaints were handled appropriately and were included in the significant events process to identify any additional risks and learning outcomes.
Prescribing	The practice regularly reviewed their prescribing with help from the Clinical Commissioning Group pharmacy team.

## Appropriate and accurate information

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

Any additional evidence
<p>There was a lack of oversight of the practice management team in relation to their exception reporting figures. Whilst performance was reviewed regularly, they had not taken account of the high numbers of patients who did not attend for reviews. They had also not identified that the exceptions were often listed by administration staff with limited or no clinical review by a GP or nurse.</p> <p>The practice told us they would review their exception reporting process after the inspection and ensure these were based on clinical decisions in the future.</p>

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group (PPG);

Feedback
There were 14 PPG members who met regularly throughout the year. They offered suggestions for improvements and organised the annual patient survey.

Any additional evidence
The PPG promoted health and wellbeing through having stands at a local supermarket and summer fetes. The practice supported the PPG in providing leaflets and information.

## Continuous improvement and innovation

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

Audit area	Improvement
Review of prescribing for osteoporosis	All patients being prescribed a specific medicine for osteoporosis were reviewed and those who had been prescribed the medicine for longer than five or ten years were assessed. Appropriate arrangements were made to reduce or stop the medicine altogether in line with guidance.
Audit of novel oral anticoagulant (NOAC) monitoring	Patients prescribed NOAC medicines were reviewed to ascertain how many had received an annual blood test in line with guidance. In August 2017 only 53% of patients had had the required blood tests. The GPs were sent a list of patients who were overdue their review and a patient recall letter was initiated. A repeat audit was undertaken in May 2018. This demonstrated an increase in patients who had the appropriate blood tests to 91%.

Any additional evidence
The nursing team had not been involved in any clinical audits. After the inspection the practice told us

they would ask the nurses if they would like to participate in audits in the future.

**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](#)).