

Care Quality Commission

Inspection Evidence Table

Dr Roy Alexander (1-507556344)

Inspection date: 3 October 2018

Date of data download: 01 October 2018

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

Safe

Safety systems and processes

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

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers: N/A	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: September 2018</p>	Y
<p>There was a record of equipment calibration Date of last calibration: September 2018</p>	Y
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Y
<p>Fire procedure in place</p>	Y
<p>Fire extinguisher checks</p>	Y
<p>Fire drills and logs</p>	Y
<p>Fire alarm checks</p>	Y
<p>Fire training for staff</p>	Y
<p>Fire marshals</p>	Y
<p>Fire risk assessment Date of completion: August 2018</p>	Y
<p>Actions were identified and completed. Fire doors were all kept closed, filing cabinets had been removed from the vicinity of a fire door and fire notices were placed around the building with instructions of actions to take in the event of a fire. We also noted all staff had up to date fire safety training. Fire drills had been carried out in April and June 2018 and logs were kept of weekly fire alarm and emergency lighting checks.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: January 2018</p>	Y
<p>Health and safety risk assessment and actions Date of last assessment: January 2018</p>	Y
<p>Additional comments: N/A</p>	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: July 2018 Detail: An infection control audit had been completed and actions identified. However, the practice had not completed the areas that required attention and did not have an action plan in place to address them. Actions had been taken following the infection control audit completed in April 2018.</p> <p>The practice had infection prevention and control measures in place. For example, the use of elbow taps, pedal bins and wipeable floors and surfaces. There was liquid soap and hand sanitizer available throughout the practice.</p>	Y
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	Y
<p>Explanation of any answers: Sharps boxes and clinical waste bins were available in the consultation and treatment rooms. Clinical waste was stored in a secure area and collected from the practice weekly.</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y*
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers: *Reception staff had guidelines to follow that ensured patients were given an appropriate response according to their symptoms.	

Information to deliver safe care and treatment

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

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.17	1.05	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	6.7%	8.2%	8.7%	Comparable with other practices

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

There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any answers:</p> <p>*Following the inspection in January 2018 the practice had made the decision to no longer stock or dispense controlled drugs.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	N/A
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	N/A
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Y*
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Y
<p>Explanation of any answers:</p> <p>*The practice had not had the requirement to provide information to patients in accessible formats. We were informed that large print could be used if required.</p>	

Any other comments on dispensary services:

Following the inspection in January 2018 the practice had reviewed the security of the dispensary and a key pad lock was in place. At the October 2018 inspection we noted that the door remained locked at all times. We were informed that cleaning staff only had access to the dispensary when the dispenser was present. The practice had taken measures to record and control the temperature in the dispensary to ensure the medicines were kept at the recommended temperature. The medicines fridge had been moved to one of the consultation rooms to ensure the correct temperature for medicines that required refrigeration was maintained.

Track record on safety and lessons learned and improvements made

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

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

Event	Specific action taken
A box of vaccines had not been returned to the medicines fridge following a baby immunisations clinic.	The cold chain policy was followed and the vaccines were disposed of and replaced. No patients were affected.
A letter was scanned into the wrong patients notes.	The incident was identified immediately and rectified. A team discussion was held to reinforce the measures to take to identify the correct patients' notes.
Standards of cleanliness in the practice were not to the required standard.	The infection control lead identified the concern and discussed with the practice manager. The concerns were communicated to the cleaning company. A new cleaner was assigned to the practice and monitoring was put in place to ensure the required standard was maintained.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Safety alerts were received by the practice manager and disseminated to the relevant staff for action. We saw a record of the alerts received that had been signed by the staff members as read and actions documented as complete.</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)	0.70	0.82	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	81.7%	81.7%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (16)	17.1%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	67.4%	79.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (16)	10.7%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	83.9%	81.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.1% (41)	15.5%	13.3%	

Other long-term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	88.1%	77.7%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (3)	9.9%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.4%	92.4%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.1% (10)	15.5%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.2%	84.2%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (19)	4.4%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	100.0%	91.2%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (3)	6.7%	8.2%	
Any additional evidence or comments				
<p>The practice worked with specialist nurses from secondary care to help treat and manage patients with complex long-term condition symptoms. For example, a diabetic specialist nurse attended the practice once a month to improve the education and control of patients' diabetic symptoms. Asthma and chronic obstructive pulmonary disease (COPD) specialist nurse clinics were also held.</p> <p>The practice opportunistically monitored patients for early identification of atrial fibrillation by pulse and electrocardiograph (ECG) recording. A computer programme was used to assess these patients and ensure they were treated with appropriate anti-coagulation medicine therapy at the earliest opportunity.</p> <p>The practice had a system for recalling patients on the QOF disease registers. Discussions with the practice demonstrated that the procedures in place for exception reporting followed the QOF guidance and patients were all requested to attend three times before being excepted. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).</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)	58	59	98.3%	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)	19	20	95.0%	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)	20	20	100.0%	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)	20	20	100.0%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments				
We were informed that the practice nurse contacted the parents of children who required immunisations by letter and telephone to ensure they were not missed. Parents who declined immunisations for their children were invited to the practice to discuss the benefits of immunisation.				

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)	75.9%	73.0%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.9%	75.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.1%	57.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	87.0%	70.3%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	16.7%	52.4%	51.6%	Comparable with other practices
Any additional evidence or comments The practice had completed an audit from January to August 2018 that looked at patients that did not attend for cervical screening.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	93.7%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	17.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.0%	94.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	14.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	80.0%	85.7%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	48.7% (19)	8.3%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	498	549	539
Overall QOF exception reporting (all domains)	4.8%	6.8%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.3%	95.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.1% (1)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice has a consent policy for staff to follow. Consent forms were used for invasive procedures such as joint injections. Verbal and written consent was documented in the patient's computer record. The clinical staff had received Mental Capacity Act training. The clinical staff we spoke with understood Gillick competencies and Fraser Guidelines. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	Five
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	<p>Patients described the service as good and commented that staff treated them with dignity and respect and that they were friendly.</p> <p>The GP and practice nurse were described as caring and informative as well as being kind and helpful.</p> <p>All levels of staff received praise and positive comments.</p> <p>There was no theme to the mixed comments received.</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
2585	223	94	42 %	3.64%

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)	82.6%	87.9%	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)	84.0%	86.0%	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)	92.0%	95.0%	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)	89.3%	82.4%	83.8%	Comparable with other practices

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

Any additional evidence
The practice used NHS Friends and Family Test. There were forms for patients to complete in the waiting area.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment Cards	The GP and the practice nurse provide enough time during consultations to discuss patients' needs.

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)	87.4%	92.0%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 38 patients who were carers which equated to approximately 1.5% of the practice population.
How the practice supports carers	There was a carers noticeboard at the entrance to the surgery that contained information regarding support available for carers in the area. Carers were offered an annual flu vaccination and health check. Flexible appointment booking was available for carers to make an appointment that could be accommodated with their caring responsibilities.
How the practice supports recently bereaved patients	We were informed that the GP contacted the family to offer bereavement support.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	There was an automatic check in for patients to use. Easily identifiable patient details were not repeated by the reception staff.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
Any additional evidence or comments	
We were informed that an empty consultation room was used if patients were distressed or wanted to discuss sensitive issues. If a room was unavailable the back of the reception office was used.	

Examples of specific feedback received:

Source	Feedback
Comment Cards	Reception staff were described as helpful and efficient.
Comment Cards	We received many positive comments regarding the care received from the GP and practice.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm
Wednesday	8.30am to 6.30pm
Thursday	8.30am to 6.30pm
Friday	8.30am to 6.30pm

The telephone lines were open from 8am
Appointments were available from 9.30am to 12pm and from 2.30pm to 5pm daily.
Extended opening hours was not offered by the practice. However, the practice was taking part in a local pilot to provide access to a GP in the evenings. This involved them working with other practices within the area and contributing to a GP rota for patients to see a GP for non-emergency pre-booked appointments in the evenings Monday to Friday.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Home visit requests were reviewed by the GP who we were informed called the patient back to determine if a home visit was needed. The practice was aligned to a local care home and carried out visits on request for the residents of the home.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2585	223	94	42%	3.64%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last	95.0%	93.7%	94.8%	Comparable with other

Indicator	Practice	CCG average	England average	England comparison
general practice appointment, their needs were met (01/01/2018 to 31/03/2018)				practices

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)	98.4%	66.7%	70.3%	Variation (positive)
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)	92.0%	67.8%	68.6%	Variation (positive)
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)	78.5%	64.4%	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)	91.6%	74.5%	74.4%	Comparable with other practices

Any additional evidence or comments

Following the inspection in January 2018 the practice increased its staffing levels so there were always two receptionists on duty at all times.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Two
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Complaints were logged and we could see from the records that responses were made within the recommended timeframe. However, the date was not recorded on the letters sent to the complainant.	

Example of how quality has improved in response to complaints
Following a complaint regarding the practice not taking a repeat prescription request via the telephone. The practice arranged training for all staff so they could set up online prescription requests for patients. The practice also shared and discussed the Repeat Medicine Policy in a staff meeting.

Well-led

Leadership capacity and capability

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

The practice was led by a principal GP supported by the practice nurse and practice manager. The practice manager worked pre-dominantly off-site. Following the inspection in January 2018, the practice had recruited a deputy practice manager who was responsible for the day-to-day running of the practice. The deputy practice manager was a link between the practice and the practice manager. The practice manager was available to all staff via the telephone if required.

The practice used two locum GPs to provide cover for the principle GP when they were on leave.

Vision and strategy

Practice Vision and values

The practice had identified values that were embedded in the practice.

These included:

- To take pride in improving the wellbeing of the people they served with compassion and respect in a non-judgemental way.
- To treat everyone equally.
- To strive to achieve the best possible outcomes for all patients using evidence based medicine and the most effective use of resources.

Culture

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

Following the inspection in January 2018 the practice had formalised its processes.

Staff were supported through a system of appraisals and informal discussions. All staff received an annual appraisal where they could discuss their progress and development needs.

We saw through the management of significant events and complaints that the practice had an open and honest approach.

There were monthly staff meetings to provide updates and staff were encouraged to help find solutions to any operational difficulties the practice experienced.

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

Source	Feedback
Staff	Staff we spoke with informed us that they felt supported by the Principle GP who was approachable.
Staff	Staff described the practice as having a family atmosphere. As the practice was small we were informed the staff worked well together to ensure the best outcomes for patients.

Any additional evidence

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Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Following the January 2018 inspection, the practice manager had completed a review of all policies held within the practice to ensure they contained up to date and pertinent information.
Other examples	

	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

All staff had a job description, a copy of which was held in their staff file.

Managing risks, issues and performance

Major incident planning

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

At the inspection in January 2018 the practice had a business continuity plan in place. However, this contained very limited detail and did not clearly identify how the practice would continue to operate in the event of specific situations; for example, in respect of the practice's premises being unavailable. The practice now had a comprehensive business continuity plan in place. The plan could be accessed off site and contained contact details of staff members and relevant utility companies. The plan documented actions to be taken for different events that may affect the running of the practice.

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	A risk assessment had been completed by an external company. Identified actions had been completed.
Security of patient notes	All patient notes were now secured in locked cabinets within the practice.
Summarising of patient records was completed of site.	A homeworking risk assessment had been completed. The computer used for the work at home had a virtual private network (VPN) to the practice computer system that was encrypted to prevent unauthorized access.

Any additional evidence

The practice had completed an infection control audit in July 2018. However, the practice did not have an action plan in place to address the areas identified as requiring attention.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice informed us that due to difficulty in recruiting patients to a PPG they had engaged with the East Northants Patient Locality Engagement Group. The group sought the views of patients across the East Northants locality area that included the practice.

Any additional evidence
The practice used the NHS Friends and Family Test to gather feedback from their patients.

Continuous improvement and innovation

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

Audit area	Improvement
Did not attend rates for baby immunisations	The practice identified 33 patients that had not attended the practice for baby immunisations. Following contact with and education of parents or guardians the practice reduced the number of patients who did not attend to four.
Osteoporosis, fragility fractures and vitamin D deficiency	The practice identified patients who were at risk of fractures due to osteoporosis. They were monitored for vitamin D deficiency and ensured they received the appropriate management of their condition.

Any additional evidence
The practice was a member of a local GP federation that worked together to share responsibility for delivering high quality, patient-focussed services for the locality. They participated in pilots to improve access to GPs and increase availability of GP appointments. These included the extended access hub that provided pre-bookable evening appointments with a GP.

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](#)).