

# Care Quality Commission

## Inspection Evidence Table

### The Friary Surgery (1-564549527)

Inspection date: 25 October 2018

Date of data download: 03 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:	

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.	Partial
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
<p>Explanation of any answers:</p> <p>We saw that the practice only recorded an interview summary in two of the four staff files we looked at.</p> <p>Currently the practice checked staff vaccination for Hepatitis B and offered staff annual influenza vaccine.</p>	

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: 5 January 2018</p>	Y
<p>There was a record of equipment calibration Date of last calibration:5 January 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: Oct 2018</p>	Y
<p>Actions were identified and completed.  It was identified that the fire extinguishers on the first floor were to be replaced. This is being actioned by the appointed managing agents who are appointed by the local Acute Trust.</p>	
<p><b>Health and safety</b> Premises/security risk assessment? Date of last assessment: April 2018</p>	Y
<p>Health and safety risk assessment and actions Date of last assessment: April 2018</p>	Y
<p>Additional comments: The Surgery and community hospital premises are in the one building, a grade two listed building. The hospital appointed maintenance contractors, who through consultation with the practice manager and partners are responsible for identifying all areas of the premises needing maintenance. The maintenance contractor was responsible for ensuring all identified maintenance was implemented.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: An infection control annual audit had not been undertaken however, monthly environmental checks were completed and we saw records of these for the past 12 months.</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>We saw comprehensive infection control policies and procedures were in place and staff demonstrated good knowledge of these. One of the practice nurses was the infection prevention and control lead (IPC). Staff demonstrated a good understanding of IPC issues and what their responsibilities were.</p> <p>Cleaning schedules were in place for all areas and records showed that cleaning had been carried out at required intervals and there was a process to ensure all clinical equipment was cleaned before and after use.</p> <p>The infection control Policy was reviewed annually and covered all the required areas. However, the practice did not undertake an annual infection control audit.</p> <p>We saw evidence that the infection control lead conducted monthly environmental infection prevention and control (IPC) checks. The practice had completed an audit of staff handwashing for 2018.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers	

**Any additional evidence**

## 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
<p>Explanation of any answers:</p> <p>The reception staff alerted a GP if a patient appeared unwell. The reception staff had not received specific training and information about sepsis. However, we were told this would be addressed by the lead nurse following sepsis training for clinical staff which was scheduled for the 10 November 2018. Sepsis posters were displayed in the practice waiting area.</p>	

## 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 used multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers:</p> <p>There was a process in place to check all referrals had been actioned. Test results were reviewed by the clinician who requested them. When the GP was not available or on leave the results went to the duty doctor.</p>	

## 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)	0.89	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)	14.9%	10.3%	8.7%	Variation (negative)

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.	Y
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.	partial
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> <ul style="list-style-type: none"> <li>• The practice held emergency medicines however no risk assessment was in place identifying why emergency medicines were or were not kept. Post inspection the practice provided us with a new risk assessment,</li> <li>• The practice had arrangements to monitor stock levels and expiry dates of emergency medicines however no records were kept for two anaphylaxis boxes. All medicines checked in these boxes were in date. The practice also checked other emergency medicines on a regular basis however on the day of inspection we found two ampoules of out of date adrenaline. However, there was one adrenaline in date in the box. This was actioned immediately.</li> </ul>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Y
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Y
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Partial
Explanation of any answers	
<p data-bbox="76 1272 718 1310">Any other comments on dispensary services:</p> <p data-bbox="76 1368 718 1406">Any other comments on dispensary services:</p> <p data-bbox="76 1417 1525 1485">Dispensary services were well organised and staff had a good knowledge of the dispensaries' systems and process.</p>	



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

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	11
Number of events that required action	11

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

Event	Specific action taken
The practice received a medicines alert regarding the prescribing of a specific medicine. The practice undertook an electronic search to identify patients using the medicine, However, they had failed to identify one patient.	The practice investigated the incident and identified that the search had not used both the generic and brand names for the medicine. The practice identified learning actions. Prior to any searches being undertaken in the future all names for the medication will be identified. Non- clinical staff will not undertake a search without first checking with the dispensary or clinical staff.
Patient given the wrong medication from the dispensary. There were two patients with the same name.	The incident was discussed with staff regarding the importance of correctly checking the demographic details for each patient collecting medicines from the dispensary.
The UK guidelines for the prescribing of the Combined Oral Contraceptive Pill (COCP). It was identified that patients prescribed this medication had not had their weight and blood pressure checked in the preceding year.	The practice reviewed all patients using the COCP medication and ensured clinicians were aware of the guidance and completed a template to ensure the correct checks were made.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understood how to deal with alerts	Y
<p>Comments on systems in place:</p> <p>Alerts were sent to staff via the practice's document management system. The person responsible for actioning the alert would be highlighted and once actions had been completed they were reviewed by the GPs who confirmed and recorded completion of the action.</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)	0.23	0.55	0.83	Significant Variation (positive)

## 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)	84.0%	81.3%	79.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.8% (49)	10.8%	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)	84.7%	82.0%	78.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (12)	7.1%	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)	76.4%	82.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (28)	15.4%	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)	77.0%	79.3%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (18)	9.0%	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)	94.3%	93.0%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (7)	8.6%	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)	86.7%	85.9%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (22)	3.7%	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)	95.8%	92.4%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (11)	6.6%	8.2%	

## 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	61	95.1%	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)	54	56	96.4%	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)	54	56	96.4%	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)	54	56	96.4%	Met 95% WHO based target (significant variation positive)

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)	75.8%	78.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	73.8%	73.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.1%	64.2%	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)	91.9%	71.5%	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)	42.4%	55.6%	51.6%	Comparable with other practices

## 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%	94.8%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.9% (4)	12.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	94.3%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (3)	11.3%	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)	98.0%	84.1%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (3)	6.7%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	553	539
Overall QOF exception reporting (all domains)	5.5%	4.8%	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)	97.5%	96.2%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (4)	1.2%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There were systems in place for recording both for written and verbal consent when appropriate. There was a consent protocol and staff could describe how they obtained consent in line with relevant guidance.

Any additional evidence
One of the clinicians recorded verbal consent and recorded the discussion in the patients notes and regularly audited this.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	35
Number of CQC comments received which were positive about the service	35
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	<p>Feedback on the comment cards was very positive about the service. Patients said the staff were friendly, professional, caring, they explained things to them and were supportive. The majority of the feedback described the practice as excellent and mentioned staff from all the different disciplines.</p> <p>We also received a letter from the disability employment advisor who at the request of the practice provided a drop-in service for patients. The service helped patients with long term health problems overcome the barriers to work and return to work. Staff could refer patients to the service.</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
5619	239	126	52.7%	2.24%

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)	90.7%	94.0%	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)	92.2%	93.3%	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)	97.3%	98.2%	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)	91.6%	93.0%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
January 2018	Comments from the patients were overwhelmingly positive. The practice wanted to explore how amenable the practice would be to accessing services online.

Any additional evidence
<p>100 questionnaires were handed to patients with a 100% response. The aim of the survey was to obtain feedback on the treatment patients received and explore how the practice could promote the use of online services. The survey showed only 12% of the practice patients used online access and the government would like to see this increased up to 20%.</p> <p>67% of patients were extremely likely to recommend the surgery to friends and family, 27% likely and 6% were ambivalent. Only one patient said they were unlikely to recommend the practice but were unable to explain why.</p> <p>The survey told the practice that 78% of patients booked their appointments by the phone, 15% in person and 8% online (which mirrored those patients who had signed up for online). The survey identified that 68% of patients were interested in or already using online services and 32% were not. Most of the 32% were not connected to the internet.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and questionnaires	We received feedback from nine patients on the day of the inspection and two members of the patient participation group(PPG) and the 35 comment cards. Feedback showed patients were given explanations about their care and treatment and felt involved in decisions about their care.

## 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)	98.9%	97.1%	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.	Y

Carers	Narrative
Percentage and number of carers identified	<p>The practice had identified 79 patients as carers including one young carer. This was 1.3% of the practice population.</p> <p>The practice was currently raising awareness with patients to encourage those who were carers to identify themselves to the practice.</p>
How the practice supports carers	<p>Information on local and national carers associations was available in the waiting area and on the practice website.</p> <p>Carers were flagged on the clinical system to make all staff aware so timely appointments could be offered and additional services for example, flu vaccinations.</p> <p>Staff signposted patients to local services and voluntary organisations. The practice was taking part in the sign posting 'care navigation' scheme. This involved staff being trained to support patients to access care and support from local statutory and voluntary organisations.</p> <p>The practice had also applied for Veterans accreditation status. This was a scheme for Armed Forces personnel approaching discharge and Veterans. Available across England, the service seeks to provide increased access and treatment to appropriate and timely mental health services, from recognising the early signs of mental health problems and providing access to early interventions, to providing therapeutic treatment for complex mental health difficulties and psychological trauma. The practice had many patients who were veterans and there was information available on the practice web site and in the practice.</p>
How the practice supports recently bereaved patients	<p>Staff told us that if families had experienced bereavement, their usual GP or a member of practice contacted them a month or six weeks after.</p> <p>Information on local and national bereavement support was available in the waiting area.</p>

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## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Receptionists kept information requested to a minimum to assist in maintaining confidentiality. The reception area was not directly positioned in the waiting area affording some confidentiality. There was also an automated check in screen for patients to use.</p> <p>Behind the reception area there was an office where receptionists and administration staff could deal with phone calls.</p>

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

### Examples of specific feedback received:

Source	Feedback
Patient questionnaires and comments cards	We received nine completed questionnaires and 35 comments cards that patients completed during the inspection. Feedback showed patients were treated with dignity and respect and comments about the care they received was all positive.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:15am to 6pm
Tuesday	8:15am to 6pm
Wednesday	8:15am to 6pm
Thursday	8:15am to 6pm
Friday	8:15am to 6pm

Appointments available	
Monday Tuesday Wednesday Thursday Friday	8.30am to 12midday and 2pm to 6pm 8.30am to 12midday and 2pm to 6pm 8.30am to 12midday and 2pm to 6pm 8.30am to 12midday and 2pm to 6pm 8.30am to 12midday and 2pm to 6pm
Extended hours opening The practice opened one evening a week between 6.30pm and 7.50pm, usually on a Monday or Tuesday.	

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	
Requests for home visits were received via the telephone between 8am and 10am. The request was then placed on the board and was reviewed by the duty doctor. The GP would determine if the visit was clinically necessary.	



## National GP Survey results

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5619	239	126	52.7%	2.24%

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)	96.8%	97.2%	94.8%	Comparable with other 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)	97.0%	88.6%	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)	91.8%	82.8%	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)	81.2%	77.0%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	94.1%	84.9%	74.4%	Variation (positive)

### Examples of feedback received from patients:

Source	Feedback
For example, comment cards and questionnaires	The feedback about the practice was positive, patients told us the staff were helpful, patients commented that they were treated with respect, felt listened to and came away satisfied. Doctors or Staff, were all polite and courteous and treated them with the utmost respect.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year. The practice received four written and four verbal complaints	8
Number of complaints we examined	8
Number of complaints we examined that were satisfactorily handled in a timely way	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman	NIL
<b>Additional comments:</b>	
Complaints were investigated and when required findings were shared with other organisations.	

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

Following one complaint relating to staff attitude the practice manager arranged for further customer care training to be undertaken by the staff.

### Any additional evidence

Most of the complaints were unsubstantiated. Complaint leaflets were available in the waiting room and online.

# Well-led

## Leadership capacity and capability

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

The GPs and practice manager demonstrated a good understanding of their practice population and the needs of the population in the areas they provided services to.

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## Vision and strategy

### Practice Vision and values

The practice had a clear vision and strategy in place to deliver the best possible care and continually improve the service. They worked in partnership with other organisations such as the local GP Federation and the CCG locality group.

## Culture

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

Staff described the culture within the practice as open and friendly. They spoke positively about the effective team working within the practice and the changes that were made to improve the service.

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

Source	Feedback
Staff interviews	The nurses told us that they had access to the training they required to do their job and they had allocated roles and responsibilities.
Staff questionnaires and interviews	Staff told us they were a good team that worked well together and they were well supported by management. They said the GPs and practice manager were approachable, helpful and willing to listen.

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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	<p>There was a comprehensive range of policies and procedures in place. The practice used a team intranet process to improve communication and give staff access to policies and information. The practice manager had introduced a 'policy of the month' to raise further awareness of policies with staff.</p>
Other examples	<p>The practice had a clear strategy in place, which detailed plans for the practice.</p> <p>There were clear roles and responsibilities with staff taking lead roles for different areas of practice. For example, information governance, safeguarding and infection control, and the management of patients with long-term conditions.</p> <p>Staff had completed their required mandatory training using an online training system. Staff had access to outside courses and training required for their role.</p> <p>At the time of the inspection we saw all but two members of staff had had annual appraisals where performance, future objectives and training needs were discussed. However, following the inspection, we received evidence that this was being addressed. We saw that the staff members who had not received an annual appraisal had had opportunity to access training and support.</p> <p>A range of meetings, including clinical meetings, were held regularly where governance issues were discussed. The practice team received regular staff updates in between meetings.</p> <p>The practice was a training and teaching practice and regularly hosted medical students and foundation doctors. Foundation doctors are undertaking the Foundation Programme this is a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist/general practice training.</p> <p>There was a strong focus on clinical audit.</p> <p>Within the CCG area there was good sharing of information, looking at best practice which ensured better outcomes for patients.</p> <p>Clinicians undertook regular updates and worked within the current guidelines for example, NICE.</p>
<b>Y/N</b>	

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

Any additional evidence	
The new GP who has joined the practice had previously worked in the practice as a FY2 .	

### Managing risks, issues and performance

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

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

Risk	Example of risk management activities
Reduced staff on reception desk during the extended hours period	The practice had introduced a bell that patients could ring to gain attention when a member of the reception staff maybe working in the back office.
Dispensary opening half an hour after the surgery	Patients were waiting in the practice after their appointments for the dispensary to open. The practice reviewed this practice and the dispensary now opened earlier for patients, reducing long waits and the waiting area filling up.

Any additional evidence	
The practice had a proactive approach to audit and had undertaken several audits, for example, improving the management of Gout and Polymyalgia and Minor Surgery outcomes.	

**Appropriate and accurate information**

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

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

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

**Feedback from Patient Participation Group;**

Feedback
<p>There was a Patient Participation Group (PPG) which was a virtual group. The practice sent out the practice newsletter and informed the group of practice changes, updates from the CCG and any other information that may be useful, usually once a month. The PPG also received the practice patient survey to complete and the feedback. However, the group did not actively contact the practice with feedback on the information they received or ideas for improvements.</p> <p>As the practice was situated in the Friary Hospital building it benefited from the Friends of the Hospital group. For example, the Hospital Friends group had purchased new chairs for the waiting area.</p>

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**Continuous improvement and innovation**

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

Audit area	Improvement
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<p>Combined oral contraceptive pill(COCP)</p>	<p>An Audit identified 35 patients taking COCP / where their weight had not been recorded in the preceding year. Two of the patients had a BMI of more than 35 and were unaware of the risks. The practice reviewed their medication and reviewed the processes for prescribing this medicine. All patients who had a repeat prescription for COCP now had an annual review which included a record of their weight and blood pressure.</p> <p>The third audit cycle showed a marked improvement with only one patient identified on repeat prescription for COCP with no weight recorded in the preceding year.</p>
<p>Audit of high dose opioid prescribing</p>	<p>The audit was undertaken following evidence of limited efficiency in the prescribing and management of long term high dose opioids in chronic pain. In the initial audit the practice identified ten patients and reviewed their case files. The practice produced a patient leaflet explaining the risk associated with the continued use of long term opioids and sign posted patients to several alternatives. The practice invited patients for a review of their medication and discuss alternatives.</p> <p>At the second audit cycle there were nine patients with active repeat prescriptions of high dose opioids equivalent to 120mg oral morphine daily; 70% of those had attended for GP review of their analgesia; 1 patient successfully stopped codeine altogether, 2 patients reduced their opioid doses and remained under review to pursue further reductions, 1 patient was under secondary care for pain management.</p>

**Any additional evidence**

The practice had a proactive approach to audit and had undertaken many audits in areas such improving the management of Gout and polymyalgia and minor surgery outcomes.

**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
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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](#)).