

Care Quality Commission

Inspection Evidence Table

Tower House Practice (1-556230244)

Inspection date: 30/10/2018

Date of data download: 29 October 2018

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

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 (DBS) checks were undertaken where required	Y
<p>Explanation of any answers:</p> <p>The practice register of vulnerable children and adults was regularly updated and reviewed. There was a formal discussion every month of vulnerable children with a multi-disciplinary team of health and social care staff and contact information for safeguarding services was kept up-to-date and displayed on the walls for staff. Communication with health visitors was good; health visitors were based in the same building.</p> <p>GPs were invited to attend safeguarding conference meetings and provided reports when they were unable to go. Registrars working at the practice were encouraged to attend for training purposes.</p> <p>All administration staff were risk assessed as to their role in the practice. Those staff who carried out chaperone duties or provided one-to-one patient care had an appropriate DBS check in place as did all clinical staff.</p>	

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
<p>Explanation of any answers:</p> <p>We checked the personnel file for a member of staff new to the practice and found that all recommended recruitment checks had been made and recorded in the record.</p> <p>There were spreadsheets in place to provide management overview of clinical staff registration and medical indemnity membership. These were checked regularly to ensure membership remained up to date.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing (PAT) or visual inspection by a competent person</p> <p>Date of last inspection/Test: 31/05/2018 and 22/08/2018 for some missed items.</p>	Y
<p>There was a record of equipment calibration</p> <p>Date of last calibration: 31/05/2018</p>	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
<p>Fire risk assessment</p> <p>Date of completion: 17/09/2018</p>	Y
<p>Actions were identified and completed.</p> <p>There were no actions identified from the last fire risk assessment. A previous risk assessment had identified that some doors were in need of replacement and strips had been needed at the top of some doorways and this had been actioned. The practice carried out its own risk assessment for fire safety in the premises every six months. Also, a fire safety audit carried out on 26/07/2018 had shown that boxes were inappropriately stored near a fire exit and some new electrical items had not been PAT tested. The boxes were removed and an additional PAT testing visit carried out on 22/08/18.</p>	Y
<p>Additional observations:</p> <p>The practice had arranged for all recommended premises safety checks to be carried out and mitigating actions to be taken where necessary. This included testing for legionella and electrical and gas safety checks (legionella is a term for a particular bacterium which can contaminate water systems in buildings).</p>	

Health and safety Premises/security risk assessment? Date of last assessment: 19/09/2018	Y
Health and safety risk assessment and actions Date of last assessment: 01/10/2018	Y
<p>Additional comments:</p> <p>The practice carried out regular health and safety risk assessments related to all areas of the service. Meetings were held twice a year to discuss health and safety issues and we saw minutes related to these. The last security risk assessment had identified areas for action including ensuring that contractors signed confidentiality agreements where necessary. The practice also arranged for access key codes to be changed more regularly in the building. Staff were trained regularly in all areas of health and safety.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 29/08/2017	Y
The practice acted on any issues identified	Y
<p>Detail:</p> <p>A member of staff from the CCG infection prevention and control (IPC) team visited the practice annually to carry out the IPC audit. We saw this audit was due and the practice manager was arranging this with the CCG. The previous audit had identified that records of cleaning checks such as those done for the toilets needed to be displayed for public view and this had been done. Data loggers had also been identified as needed for fridges used to store refrigerated medicines and these had been put in place.</p> <p>The practice carried out annual handwashing audits with all staff and had their own UV light box to test that handwashing had been carried out effectively.</p> <p>Staff were trained in handwashing every year.</p>	
The arrangements for managing waste and clinical specimens kept people safe?	Y

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>As a result of a patient admission to hospital with sepsis, the practice had developed its own protocol to recognise and manage patients with symptoms of sepsis. This was embedded into the practice protocol for managing patients with emergency medical conditions and all staff had been trained in this, both online on the practice online training system and with GPs in the practice.</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 use 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>The practice had a policy to ensure all patients referred under the urgent two-week-wait rule received a timely appointment and also attended that appointment and staff told us how they did this.</p> <p>All correspondence coming into the practice was managed by a dedicated correspondence management (CM) team. The protocol to do this had been developed by the practice and members of the team told us how this worked. We saw the process was safe, although the protocol did not contain all of the information detailing how correspondence was managed. Staff also carried out regular audit of the process although this was done by a member of staff in the CM team itself and not by GPs.</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)	1.17	1.10	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	4.6%	7.2%	8.7%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
30/06/2018) (NHSBSA)				

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>The practice carried out regular audits of patients taking high risk medicines to ensure the appropriate checks had been done in order to keep them safe and continue prescribing.</p> <p>The defibrillator and the medical oxygen for use in patient emergency situations were not kept together. This was because the defibrillator was kept in reception and shared in the building and the oxygen was kept in one of the clinical treatment rooms. To address this, the practice displayed notices in all necessary rooms that detailed clearly where emergency equipment was situated.</p>	

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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.	15
Number of events that required action	14
<p>System in place: The practice followed best practice guidelines for reporting and acting on significant events. Events were discussed as a standing agenda item at primary health care team (PHCT) meetings to share learning. Both positive and negative events were reported and shared. At the time of our inspection, the practice did not carry out a formal annual review of significant events although we were told of themes that had been identified.</p>	

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

Event	Specific action taken
A patient in a local care home was seen by a GP and it was agreed an ambulance should be booked to take the patient to hospital. The GP understood the care home was arranging this however, it was not done. The patient did not suffer any adverse effects on this occasion.	Practice staff met with staff from the care home to discuss what had happened. The event was also discussed at the monthly PHCT meeting. The process for booking an ambulance for care home patients was reviewed and it was agreed that the GP would take responsibility in future for this and that detailed records would be kept of action taken. Every patient would have their care and management plan clearly documented to provide an audit trail.
A patient cytology screening sample was labelled incorrectly with another patient's details before being sent for testing.	The practice discussed the event at the next PHCT meeting. Staff were reminded of the importance of ensuring samples were labelled with the correct patient details at the time of taking the sample and before the next patient record was opened on the computer.
A patient was removed from cervical screening in error and had not been called for testing for over ten years.	The case was discussed at the PHCT meeting. The criteria for removing a patient from the list were discussed and the practice audited the list of removed patients to ensure it was accurate.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place:	

Patient safety alerts coming into the practice were sent to clinicians for information. There was a protocol in place for their action and staff were aware of how this worked. All alerts were stored on the practice shared computer drive along with evidence of action taken. Alerts were discussed at relevant meetings as a standing agenda item. Staff we spoke to demonstrated good knowledge of recent medicine safety alerts and told us what action had been taken. We saw however, this action was not always recorded in individual patient clinical records.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	1.59	1.29	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)	84.1%	84.8%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4% (147)	16.6%	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)	84.1%	82.2%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (88)	7.8%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	78.7%	80.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.2% (145)	16.1%	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)	74.0%	76.0%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	39.0% (344)	7.9%	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)	96.6%	92.8%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.4% (71)	9.4%	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)	81.8%	83.6%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (44)	3.0%	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)	82.9%	89.5%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (15)	8.6%	8.2%	
Any additional evidence or comments				
The practice had changed their clinical system during 2016/2017. We noted exception reporting for some areas of the QOF was high compared with local and national averages. The practice described how patients were excepted from these indicators although they felt there were some errors associated with the coding of these patients on the registers. They said they planned to review this to make the registers more accurate.				

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)	108	115	93.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	141	146	96.6%	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)	141	146	96.6%	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)	140	146	95.9%	Met 95% WHO based target (significant variation positive)
<p>Any additional evidence or comments</p> <p>Staff told us how they encouraged attendance for childhood immunisations using telephone calls and letters. The practice provided “catch-up” clinics at half-term for those families who found it difficult to attend at the usual time.</p>				

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)	70.5%	71.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	74.9%	71.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	57.0%	54.1%	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)	68.5%	78.5%	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)	49.4%	53.5%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice monitored those patients who did not respond to invitations to take part in screening programmes and contacted them by telephone and/or letter as appropriate. They also used a text message reminder to remind patients to attend booked surgery appointments.</p> <p>One patient comment card commended the practice for contacting them on the phone. They said they had been putting off their appointment but were encouraged to attend after a conversation with the practice nurse.</p>				

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)	96.4%	92.9%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	38.5% (35)	13.3%	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)	95.0%	93.7%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	34.1% (31)	11.8%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	88.8%	83.5%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (3)	4.0%	6.8%	
Any additional evidence or comments				
<p>Exception reporting for patients coded as diagnosed with severe mental health illness was high for some indicators. Staff told us they felt this was partly due to coding errors and also because work was needed to record care planning had been carried out already in secondary care settings. They planned to review the register of patients to check patients had been included appropriately and whether there were care plans in place.</p> <p>The practice had focused on work to identify patients showing signs of dementia. Staff had trained in dementia awareness and the practice was undertaking work to become a dementia-friendly practice. Exception reporting for these patients was low.</p>				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	552	539
Overall QOF exception reporting (all domains)	8.4%	6.9%	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) <small>(QOF)</small>	Y

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) <small>(QOF)</small>	94.9%	96.1%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (12)	0.4%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Clinical staff told us how they would seek and record consent appropriately. Staff were trained and had a good understanding of consent issues. The practice had protocols in place to ensure consent was sought and recorded appropriately and audit activity monitored whether these were followed.

Any additional evidence
The practice regularly reviewed performance in relation to the QOF and carried out routine searches to ensure performance reflected good patient care. Staff also used the local public health team joint strategic needs report to identify areas for improvement.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	11
Number of CQC comments received which were positive about the service	9
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
NHS Choices	There were three comments posted on the NHS Choices website since October 2017. All these comments rated the practice as five stars. All patients praised the clinical staff for their help and support and two also commended staff generally for their polite, friendly and caring attitude. The practice had always replied online to the patients thanking them for their feedback.
Comments cards	We saw eight cards that specifically praised the friendly and caring nature of staff at the practice. Patients commented staff were helpful and sympathetic and always did their best for patients. They said staff were friendly and welcoming and they were treated with dignity and respect. Of the two cards with mixed comments, one said receptionists were polite and friendly although one or two could be challenging, and the other related to an individual concern which the surgery had offered an apology for.
Patient interviews	The two patients we spoke with told us they found staff caring and helpful. They said GPs were always good at listening to patients and explained everything in depth. They said they felt respected by staff at the practice and staff remembered them by name. They also praised the clinical staff and said they found them to be knowledgeable and understanding.

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
13150	338	129	38.2%	0.98%

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)	96.8%	91.4%	89.0%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	94.4%	88.8%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	99.6%	96.6%	95.6%	Variation (positive)
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)	94.1%	84.5%	83.8%	Comparable with other practices

Any additional evidence or comments

The results of the 2018 national GP survey were above the local average for all questions on the survey with no indicators for improvement.

The practice had discussed the results of the 2017 national GP patient survey and started to address those areas indicated for improvement that had not yet been addressed. They provided reception staff with care navigation training to enable better use of GP appointments and improve access to GPs. This was planned to be put into practice during the week following our inspection. They also conducted their own appointment accessibility audit and used results to implement changes to the appointment system. At the time of our inspection, they were looking to recruit an additional practice nurse to allow better access to the daily nurse-led minor injury clinic. Patients were reminded in the practice and on the practice website about the availability of appointments outside the practice

Indicator	Practice	CCG average	England average	England comparison
<p>opening hours at neighbouring practices.</p> <p>Patients we spoke with commented on the caring nature of staff. One patient told us how the GP put a child at ease at the start of an appointment.</p> <p>We were shown examples of where staff had demonstrated a caring attitude to patients. These included care for patients offered by staff outside normal working hours, such as visiting an isolated elderly patient on Christmas day, delivering new equipment to a blind patient during a lunch break and visiting a patient at 10.30pm to arrange hospital admission. We were told a GP had visited a concerned patient in hospital to ensure they received a flu vaccination and daily visits were made by a GP to a patient who was terminally ill and to the family afterwards. We were given many other examples of caring demonstrated by all staff at the practice.</p>				

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

Date of exercise	Summary of results
13/09/2017 to 13/10/2017	The practice patient survey showed similar levels of satisfaction and areas for improvement as those identified in the national GP patient survey and indicated high levels of patient satisfaction. The practice identified areas indicated for improvement related to phone access to the practice and access to appointments with GPs. Results were discussed in a meeting with the practice patient participation group (PPG) in January 2018 and actions were agreed.

Any additional evidence
<p>The practice encouraged feedback from patients with a suggestion box in the patient waiting area and a way of commenting through the practice website. All suggestions were discussed with the PPG and any actions taken advertised to patients on the practice website, online social media site and in the patient waiting area. Explanations were also given to patients when suggestions were unable to be implemented.</p> <p>The practice also encouraged feedback from patients using the friends and family test (FFT). The practice routinely texted patients following appointments for this feedback. Over the six months prior to our inspection, they received an average of 227 responses each month. Overall results suggested 93% of patients were either extremely likely or likely to recommend the practice to family and friends. The practice advertised results to patients, discussed recommendations with the PPG and staff and circulated positive comments to staff to improve wellbeing.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with	Patients told us they felt involved in decision-making. They said they were given

patients	choices and options were described in detail. Patients told us they felt valued by clinicians.
Comment cards	Patients commented staff and GPs listened and always answered any questions. They said they felt involved in their care and said they felt their opinions were valued.

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)	97.5%	92.8%	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	The practice had identified 546 patients as carers (4.2% of the practice patient list).
How the practice supports carers	<p>Staff had trained in the identification and care of carers. All carers were offered a flu vaccination, offered health reviews and given information about local support organisations. Some particularly vulnerable carers had direct access to a GP via an email address.</p> <p>The local carers support organisation set up stalls to provide patients with information for example, during flu clinics. Information was regularly displayed in practice patient areas.</p>
How the practice supports recently bereaved patients	<p>The practice nurse sent a sympathy card to bereaved families. The practice provided support to patients on an individual basis and this included a visit if it was appropriate. They signposted patients to bereavement support services.</p> <p>Support events for bereaved families were advertised to patients on the practice online social media site.</p> <p>Staff were reminded of deceased patients by a notice in the reception office.</p>

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	Staff were aware confidentiality at the desk was paramount as the main waiting area was directly next to the reception counter. They tried to ensure no patient-identifiable information could be overheard and offered patients a private room for discussions when needed.

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
Interviews with patients	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would do this quietly and professionally.
Comments cards	Patients commented their privacy and dignity were respected.
Staff interviews	Staff told us they treated patients according to their needs. They had a good understanding of promoting patient privacy and responding to people with consideration and respect.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday to Friday	8.30am to 6pm

Note: Telephone access to the practice was from 8am to 6.30pm

Appointments available	
Monday to Friday	9am to 11.30am and 2.30pm to 5.50pm
Extended hours appointments	
Monday to Friday	6.30pm to 9pm
Saturday and Sunday	9am to 3.30pm

Note: Extended hours appointments were available through the GP Extra scheme in collaboration with other local practices and were available with GPs, practice nurses and healthcare assistants.

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	
The practice had a policy for dealing with patient requests for home visits. Staff were aware of this policy and recorded all requests with as much detail as possible so the GP could assess the level of need before the visit. Staff were aware of patient symptoms that required immediate attention and would interrupt the GP if necessary to pass on information.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13150	338	129	38.2%	0.98%

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)	98.0%	95.2%	94.8%	Comparable with other practices
Any additional evidence or comments				
Comment cards we received praised the service offered by the surgery. They said clinicians offered a professional service that allowed their care to be managed appropriately and effectively.				

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)	60.4%	60.4%	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)	70.6%	64.5%	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)	64.8%	63.9%	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)	78.9%	70.5%	74.4%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The 2017 national GP patient survey had indicated patient concerns with accessing the practice by telephone (58% of patients responded positively to the question related to telephone access to the practice). The practice had discussed the results of the survey with the patient participation group (PPG) and had allocated additional staff to answer telephones at the start of each day. They also promoted online patient access to appointments with patients and at this inspection, we saw over 20% of patients had registered for this service.</p> <p>The practice also initiated e-consultations with GPs. This allowed patients to access GPs at the practice by filling in an online questionnaire which then gave access to GP advice and treatment where applicable. At the time of our inspection, uptake for this was still low with only one or two patients using the service each week.</p>				

Examples of feedback received from patients:

Source	Feedback
Comment cards	Patient comment cards praised the service offered by the practice, two specifically saying they had no problems with getting an appointment. One card commended the way that problems were dealt with and followed up with telephone calls from the practice.
Interviews with patients	Patients told us they could always get appointments, particularly on-the-day appointments. One patient praised the timely service offered by the practice when addressing a newly-identified health condition, including practice liaison with

hospital services.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	13
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice lead for complaints was the practice manager. We saw examples of complaints made to the practice and looked at two in detail. We saw complaints were dealt with according to policy and in line with best practice; both written and verbal complaints were considered. The practice sought consent for complaints made on behalf of a third party. Complaints were discussed as a standing agenda item at practice meetings to share learning and as part of quality improvement. There was information for patients in the reception area and on the practice website about how to complain and a patient leaflet available.	

Example of how quality has improved in response to complaints

The practice received a patient complaint related to the fact that some prescription items had not been issued as requested. This had been due to queries related to these items, however, no explanation had been given to the patient at the time. GPs and prescribing staff at the practice were reminded that either notes needed to be added to prescriptions to explain, or the patient contacted directly. Pharmacies were also asked to pass messages on issued prescriptions on to patients.

Well-led

Leadership capacity and capability

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

The practice had assigned lead roles to individuals to champion areas of service delivery and provide support to staff. These roles were strengthened with appropriate training and attendance at relevant meetings. Lead roles were freely advertised to staff and staff we spoke to were aware of them. The practice was part of a local federation of practices. The federation board had been reconfigured and the practice manager had joined GP representatives on the board. They had started a diploma in advanced primary care to support their role in the practice and for federation and project work. Work had started to share policies and procedures across all the federated practices and a shared computer drive had been put in place.

Three of the GP partners were GP trainers and three were GP appraisers.

The practice had won sponsorship funding for supporting non-EU workers when they needed sponsorship to remain working in the country. This had allowed them to retain a salaried GP in the practice. The practice had offered their services to other practices in the CCG in order to facilitate the retention of further staff.

The practice had been awarded two post GP completion of training fellowships by Health Education North West.

The practice had made a successful bid for funding for the federation to be part of the NHS England productive general practice programme. It had started work for this and was reviewing back office functions to standardise these across the federation. The practice manager was leading on this work.

Vision and strategy

Practice Vision and values

The practice vision was to “deliver a “best practice” standard of care at all times, ensuring accessible and appropriate diagnoses, treatment and care plans are available to all patients”.

Staff told us they always tried to adhere to the principals of continuity, learning, reflective practice, training (staff development), quality and safety.

The practice developed a strategy and business plan following an annual awayday. At the awayday, issues related to service delivery were discussed and actions to address these planned. The awayday in 2018 discussed the appointment system and patient use of appointments, the care home GP “ward rounds”, an action plan to address the introduction of the general data protection regulation (GDPR), audit activity and patient record coding issues.

Staff told us they worked to try to achieve the best possible care for patients.

Culture

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

The practice had a comprehensive meeting structure that allowed for staff to be supported in their roles, to have good communication within the practice and share learning and quality improvement. Staff were encouraged to feed back to leaders and at meetings. There were set agendas for meetings and areas of practice governance were given high priority.

Staff were recruited to work as apprentices in reception. These staff were given support and guidance to enable them to gain a full understanding of the role.

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

Source	Feedback
Interviews with staff	Staff we spoke with told us they felt they were a good team that worked well together, helped each other and were supported by management. They said the GPs and practice manager were approachable and helpful. Staff told us they felt comfortable raising any concerns and that managers were open to any suggestions for improvement. Staff were aware of management responsibilities; they knew who they could report problems to and how to take issues further if they were not resolved. Staff told us there was a staff sickness incentive scheme in place and that paid time off was awarded for care for relatives and visits to the hospital, GP or dentist.
Meeting minutes	We saw meeting minutes that showed practice commitment to staff training and that praise was given for staff achievements.
Practice online social media site	There were photographs on the practice online social media site that encouraged support for staff undertaking charitable events.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies and procedures were available to all staff on the practice shared computer drive. These were updated regularly and in line with best practice. The practice was leading on a project to unify policies and procedures across the local federation of practices.
Staff meetings	There was a strong meeting structure in place to aid discussion and share learning. This was within the practice, the primary healthcare team, the patient multidisciplinary health and social care team, with the other practice in the building, the practice federation and the CCG. Outcomes from these meetings were shared appropriately with all staff. Meetings had standing agenda items including all areas of practice governance.
Staffing arrangements	The practice used rotas to minimise the risk of understaffing and to provide opportunities to cover staff absence. The practice rarely used locum staff. Quality improvement tools such as audit were used to review practice staffing.
Staff training	There was good management overview of staff training and development. Training and development was planned to support future development of the service and staff were encouraged to develop.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

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
Potential risks to patients	Systems to respond to significant incidents and complaints were established, action was taken to improve service delivery where necessary and learning was shared with all staff. Action was undertaken in response to patient safety alerts and those actions recorded.
Safe working environment	Staff carried out various risk assessment activities associated with the practice premises such as health and safety assessments and infection prevention and control. Mitigating action was taken to address and identified risks.
Staff performance	Performance of all staff was monitored supportively within a culture of learning and development. Staff appraisals were timely and meaningful.
Clinical staff activities	Clinical audit was used to monitor clinical care and areas for improvement addressed. Staff were supported with peer review and supervision.

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 (PPG);

Feedback
Members of the PPG we spoke with said they were consulted regularly and their views were listened to. They said they felt the group had influence, and membership had meaning and was fulfilling. They told us they felt the practice invested in continuous improvement and they felt very much a part of that. They were consulted when service developments were proposed and informed of serious incidents, patient complaints and the results of service audits. They had been responsible for changing the message on the phone for patients ringing the practice and helped with the project to increase the number of staff answering the phone in the mornings. They told us information was displayed for patients on the monitor in the waiting room and they hoped to be able to add animation to some of this to make it more interesting; the practice manager was looking into this.

Any additional evidence

The practice introduced a reception working group to discuss all areas of reception work. Following concerns raised by staff, the practice researched staff pay across the CCG and reviewed staffing levels.
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As a result, reception pay and staffing were increased.

The practice took every opportunity to engage with patients. It sought feedback from patients from the friends and family test (FFT), the NHS Choices website, the practice online social network, the suggestion box in the patient waiting area, the annual patient survey and encouraging comments and complaints in the practice and through the practice website.

Staff participated in many charity events. For example, donations were made to the local hospice instead of sending Christmas cards, a charity cycle ride took place and one staff member shaved their head for charity. There were regular collections for local and national charities. These events were advertised on the practice online social media site and in the practice.

The practice had worked with the CCG to develop pathways of care for managing patients with respiratory illness and for patients needing neurology services.

GPs attended GP development meetings which brought together the local GP groups and shared local projects and developments.

The practice also attended local CCG quality referral meetings and conducted audits on behalf of the CCG to review the quality of areas of patient care, such as that for patients with respiratory illness and patients with frailty.

Both practices in the building met together to co-ordinate and plan services that could be offered collaboratively such as ear syringing for housebound patients and to establish systems and processes that could be trialled and then rolled out across the CCG.

As part of the local federation of practices, the practice supported future working with the CCG, the borough council and NHS England. They supported the NHS five year forward view and the local sustainability and transformation plans.

Continuous improvement and innovation

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

Audit area	Improvement
An audit of patients diagnosed with ulcerative colitis.	Patients were audited to assess whether they had received the care and treatment recommended as best practice. As a result, patients who had not received the necessary follow-up surveillance were highlighted and this was addressed. Clinicians were reminded of the importance of ensuring patients were followed-up from initial diagnosis as recommended.
An audit of patients fitted with intrauterine devices and subdermal implants	Patients were audited to ensure they had received a written patient information leaflet and consent to the procedure had been recorded. As a result, the clinician was reminded to always provide a written patient information leaflet, even if verbal information had been given.

Any additional evidence

Staff told us they valued continuous improvement and innovation. They worked to improve quality and reduce inequality in patient care across the CCG, improving patient care and releasing savings for re-investment in patient services.

They had been instrumental in the development of a community-based dermatology service and told us they hoped to introduce practice-based services for patients with mental health problems and physiotherapy for the assessment and treatment of musculoskeletal disorders.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

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