

Care Quality Commission

Inspection Evidence Table

The Mannamead Surgery (1-570825988)

Inspection date: 7 November 2018

Date of data download: 17 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(s) of staff for safeguarding processes and procedures.	YES
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	YES
Policies were in place covering adult and child safeguarding.	YES
Policies were updated and reviewed and accessible to all staff.	YES
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	YES
Information about patients at risk was shared with other agencies in a timely way.	YES
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	YES
Disclosure and Barring Service checks were undertaken where required	YES

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: May 2018	YES
There was a record of equipment calibration Date of last calibration: October 2018	YES
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	YES
Fire procedure in place	YES
Fire extinguisher checks were performed by an external contractor annually and weekly by staff.	YES
Fire drills and logs	YES
Fire alarm checks	YES
Fire training for staff	YES
Fire marshals	YES
Fire risk assessment Date of completion The Devon and Somerset Fire and rescue service had visited the practice in September 2018 and identified no concerns or areas that needed to be addressed.	YES
Health and safety Premises/security risk assessment? Date of last assessment: Completed February 2017 and due for reassessment February 2019	YES
Health and safety risk assessment and actions Date of last assessment: Completed February 2017 and due for reassessment February 2019	YES

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: October 2018 The practice acted on any issues identified. For example, damaged chairs and blinds had been replaced with equipment that was easily cleanable and storage of paper hand towels was addressed with cleaning staff.	YES
The arrangements for managing waste and clinical specimens kept people safe?	YES
Explanation of any answers: Waste management contracts were in place.	

Any additional evidence
The practice had an infection control lead nurse and practice staff liaised with the cleaning company on a regular basis.

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	YES
Comprehensive risk assessments were carried out for patients.	YES
Risk management plans were developed in line with national guidance.	YES
Staff knew how to respond to emergency situations.	YES
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	YES
In addition, there was a process in the practice for urgent clinician review of such patients.	YES
The practice had equipment available to enable assessment of patients with presumed sepsis.	YES
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	YES
Explanation of any answers: Emergency equipment and medicines were available. This included oxygen, oxygen saturation monitors and defibrillator. This equipment had recently been reviewed to ensure it was easily identifiable for example, equipment used for asthma was separated in an easily identifiable grab bag. Each treatment room had copies of NICE guidance for Sepsis.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	YES
Referral letters contained specific information to allow appropriate and timely referrals.	YES
Referrals to specialist services were documented.	YES
The practice had a documented approach to the management of test results and this was managed in a timely manner. The practice used a 'usual doctor' system to manage test results and investigation results and used a colour coding system to highlight and monitor workflow. This was monitored by administration staff to ensure efficient handling of results.	YES
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	YES

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items	1.02	0.93	0.95	Comparable with

Indicator	Practice	CCG average	England average	England comparison
prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)				other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	8.9%	9.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	YES
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	YES
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	YES
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	YES
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	YES
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	YES
The practice did not store controlled drugs on the premises.	NA
Up to date local prescribing guidelines were in use.	YES
Clinical staff were able to access a local microbiologist for advice.	YES
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	YES
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held. Emergency medicines had been reviewed in August 2018 to confirm medicines kept were in line with national guidance. The equipment and medicines had been stored in separate, easily identifiable grab bags.	YES
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	YES
There was medical oxygen on site.	YES
The practice had a defibrillator.	YES
Both were checked regularly and this was recorded.	YES
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	YES

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	YES
Staff understood how to report incidents both internally and externally	YES
There was evidence of learning and dissemination of information	YES
Number of events recorded in last 12 months.	14
Number of events that required action	14

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

Event	Specific action taken
A urine sample had not been tested on a Friday afternoon which resulted in patients not receiving medicines in a timely way.	A review of the system was completed. Staff were identified to be responsible for testing all urine on a Friday afternoon and follow up any prescribing requirements.
Vaccines were received but not handled or stored as per practice guidelines.	Staff were reminded about the practice policies and processes.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	YES
Staff understand how to deal with alerts	YES
<p>Comments on systems in place:</p> <p>Any alerts were communicated at the daily huddle and GP lunchtime meetings. In addition, email communications were sent to clinical staff who then took appropriate action. For example, an alert regarding medicines considered high risk for women of child bearing age were discussed by prescribers at the practice. An audit was completed and action taken.</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)	0.73	0.99	0.83	Comparable with other practices

People with long-term conditions

The GPs had started to hand over the management of long term conditions to the nursing staff 18 months ago. The nursing team were able to prescribe medicines associated with long term conditions. The practice had seen an increase in QoF performance in the last year.

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)	75.2%	81.5%	79.5%	Comparable with other practices
The practice had recognised that performance for diabetes was lower than anticipated and had, in the last 18 months given overall management to the practice nurse team. In that time the practice had seen an increase in performance. For example, in November 2017 diabetic scores were recorded at 66% and in November 2018 unverified data showed this had increased to 95%. There was evidence of close working with the community specialist nurses who were doing insulin and diabetic medicine initiations.				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (42)	13.6%	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)	69.7%	76.5%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.6% (53)	12.1%	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)	80.2%	81.2%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (73)	15.7%	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)	71.0%	76.8%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.4% (45)	11.3%	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)	92.0%	90.0%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (19)	13.0%	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)	77.6%	84.1%	83.4%	Comparable with other practices

The practice had responded to these lower than average scores by introducing a nurse led hypertension clinic. The clinic is managed by four staff who had been given additional training and guidelines in the management of hypertension. The healthcare assistants complete blood pressure checks, blood tests and other health data. Should these results fall within acceptable guidelines patients continued with their current course of treatment. Any results falling outside the acceptable ranges were referred to the GPs for further treatment and monitoring. The clinic had been set up in June 2018 and had seen overall hypertension scores rise. For example, in November 2017 achievement figures were recorded at 53.3% and in November 2018 unverified data showed these achievements had risen to 89%.

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (50)	5.1%	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)	87.8%	89.9%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.2% (35)	8.5%	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)	73	77	94.8%	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)	82	85	96.5%	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)	82	85	96.5%	Met 95% WHO based target (significant variation positive)

(01/04/2016 to 31/03/2017) (NHS England)				
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)	82	85	96.5%	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)	77.5%	75.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	84.6%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	68.4%	61.2%	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)	79.6%	68.0%	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)	54.3%	56.4%	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)	92.7%	85.3%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (3)	15.5%	12.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.9%	87.1%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (3)	13.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	80.0%	86.0%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (5)	8.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	543	542	539
Overall QOF exception reporting (all domains)	5.0%	6.5%	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)	98.0%	95.0%	95.3%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	0.6%	(15)	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was included on templates used within the patient electronic record. Written consent was obtained for all minor surgery procedures. The forms used were in line with national surgical guidelines.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	one
Number of CQC comments received which were positive about the service	one
Number of comments cards received which were mixed about the service	none
Number of CQC comments received which were negative about the service	none

Examples of feedback received:

Source	Feedback
NHS Choices	There were six NHS choices reviews in the last year with an average score of 3.5 stars out of five. Any negative reviews were responded to by the practice manager. Comments were mixed in relation to accessing appointments and attitude of staff. The practice had highlighted this and started a system to release appointments regularly enabling patients more access. The urgent care team had also been set up to ensure patients needing to be triaged, seen and assessed on the same day were seen.
Comment Cards	The one comment card was positive about the staff, service, access to appointments and the premises.
Patient interviews	We spoke with five patients who appreciated the service and said that staff were professional, kind, caring and helpful. Individual staff were named and patients said the reception staff were helpful and 'did their best' to get appointments.

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
9170	233	118	50.6%	1.29%

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)	92.2%	92.5%	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%	91.7%	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)	97.4%	97.0%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	88.3%	89.0%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
Friends and family test results Nov 2017-November 2018	113 results were received. Of these 97 were extremely likely or likely to recommend the practice. Three were neither likely or unlikely and nine unlikely or extremely unlikely and four did not know.
Independent	315 surveys were sent out. The practice scored higher or in line with other GP practices

(CFEP) survey February 2018	in 23 of the 28 overall scores. These high results were in relation to access, care and treatment and attitude of staff.
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Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt involved with their care and treatment and were supported to make informed decisions. For example, attempting to reduce cholesterol levels by diet before starting medicines.

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)	98.0%	95.9%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	357 patients had been identified as a carer. (3.8%)
How the practice supports carers	Patients could access advice and links to services on the practice website. There was a question on the new patient registration form to identify carers. Carers support and assistance was advertised in the practice and the practice had contact and signposted patients to a carers Link Worker.
How the practice supports recently	Bereaved patients were identified at the weekly meeting and the patients usual GP would contact the patient to support and signpost to other services.

bereaved patients	Patients could be referred or self-refer to a pilot scheme which offered a bereavement and listening service provided by the local hospice. Patients could also access a local voluntary service providing social activities to reduce social isolation.
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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.	YES

	Narrative
Arrangements to ensure confidentiality at the reception desk	Patients were requested to stand a short distance from the reception desk. Screens were situated by the desk to protect privacy of patients.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	YES
A private room was available if patients were distressed or wanted to discuss sensitive issues.	YES
Music was played within waiting areas to entertain patients and help privacy.	

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us staff were respectful and ensured curtains were drawn and sheets used to cover when needed.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am- 8pm
Tuesday	8am- 6pm
Wednesday	8am- 6pm
Thursday	8am- 6pm
Friday	8am- 6pm

Appointments available- Monday to Friday 8.10am - 5.50pm and can be pre-booked up to three weeks in advance.	
Extended hours opening- Additional appointments were available each Monday evening between 6.30pm - 8pm, (Bank holidays excluded).	

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	YES
If yes, describe how this was done	
Home visits were discussed and allocated at the daily GP meetings. The practice also employed two paramedics who completed flu vaccinations for patients living in care homes and those who were housebound.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9170	233	118	50.6%	1.29%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	97.1%	96.4%	94.8%	Comparable with other practices
Any additional evidence or comments				

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	73.6%	81.0%	70.3%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
their GP practice on the phone (01/01/2018 to 31/03/2018)				
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)	75.5%	78.0%	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)	70.4%	73.2%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	80.0%	82.5%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There were six NHS choices reviews in the last year with an average score of 3.5 stars out of five. Any negative reviews were responded to by the practice manager. Comments were mixed in relation to accessing appointments and attitude of staff. The practice had highlighted this and started a system to release appointments regularly enabling patients more access. The urgent care team had also been set up to ensure patients needing to be triaged, seen and assessed on the same day were seen.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	30 (10 written, 20 verbal)
Number of complaints we examined	Nine
Number of complaints we examined that were satisfactorily handled in a timely way	30
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Complaints were discussed daily and recorded on a spreadsheet. They were divided into written complaints and verbal complaints. Any actions and learning shared with the team at the long meetings.	

The spreadsheet was used to monitor trends. For example, a small number of complaints about the attitude of staff had resulted in customer care training being provided to staff.

Example of how quality has improved in response to complaints

The practice manager kept a log of all verbal and written complaints and noted comments made by staff. She had noted a trend in patients expressing dissatisfaction in accessing appointments. This was discussed with reception staff who highlighted that there were no appointments on the system to offer patients. A system was introduced where embargoed appointments were released closer to the day to enable patients to access more choice. The system was currently being monitored with a review date set. Staff said the change in system had been positive.

Well-led

Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of services and participated in external groups to ensure they understood the local changes and challenges. The leadership team proactively planned for the future organisation of the practice and prioritised work patterns and systems to ensure patient safety was kept a priority. They understood the challenges, had reported any concerns to external organisations and were addressing them. For example, gaps in clinical cover due to reduced GP workforce.

The leadership team were aware of the pressure the team were encountering and offered support and also sought external support themselves appropriately.

Staff said the GPs and leadership team were visible and approachable and added that communication was good.

Vision and strategy

Practice Vision and values

The practice had a clear vision and credible strategy to deliver high quality, sustainable care. Staff were aware of and understood the vision, values and strategy and their role in achieving them.

The strategy was in line with health and social care priorities across the local area. For example, 38 dwellings and a block of flats were in the process of being built opposite from the practice. The partners, GPs and leadership team were planning how to meet the needs of these additional patients.

Culture

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

Staff demonstrated a mutual sense of respect for their team members and one another and said the

practice, although very busy, was a good and supportive place to work. Patients said the staff appeared cheerful and were supportive, caring and professional.

The practice focused on the needs of patients and provided a personal patient list where possible to provide continuity.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints and patients were supported to achieve a positive outcome wherever possible. For example, during the inspection a verbal complaint was made. The practice manager identified the issue was not the fault of the GPs but continued to assist the person get the information and documentation required.

There were processes for providing all staff with the development they need. This included appraisal and career development conversations. We were told of examples where staff had requested additional training and this had been sourced for them and examples where staff had been supported to develop their roles. For example, completing non-medical prescribing courses. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

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

Source	Feedback
Staff interviews	Staff feedback was overwhelmingly positive. Staff acknowledged that all staff in the practice were under a lot of pressure due to external pressures and lack of staff. Individually, staff spoke about feeling stressed in the workplace but added that they were able to provide a safe service and meet patient need. Staff said they could access support from external organisations (local medical council) and from each other. Staff said the practice was a good place to work and despite the pressurised workload team work and communication were good.
Staff questionnaires	

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	These were accessible on the computer system within the practice and kept under review each year.
Other examples	<ul style="list-style-type: none"> • There was a detailed and comprehensive programme of meetings at the practice which staff said helped communication. • Staff were clear regarding their roles and responsibilities and were able to explain the processes and guidance followed in relation to these roles. For example, prescription processes were issued in line with local, national and practice guidance. • A full programme of audits were completed and kept under review. For example, storage checks of medicine and vaccines, checks of emergency medicines and equipment, infection control and cleaning audits and clinical audits. • Staff rotas were kept under review and specific tasks were managed to cover for staff absences. • The practice were part of a wider federation of five GP practices in

	the area. The federation aimed to provide improved support and communication in the wider area. All practices within the federation used the same electronic patient record to enable shared staff to access patient records from any of the GP practices.
	Y/N
Staff were able to describe the governance arrangements	YES
Staff were clear on their roles and responsibilities	YES

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
The partners had been proactive in identifying a shortage of GP cover following the relocation and retirement of several partners and difficulties recruiting GPs.	<p>NHS England, the Local Medical Council (LMC) and Clinical Commissioning Group (CCG) had been contacted to highlight these agencies of the current staffing situation. Action taken at the practice included:</p> <ul style="list-style-type: none"> • Existing partners and salaried GPs had increased medical cover • A review of workflow had been completed to ensure an efficient service was being provided. This had been kept under review. • Increased hours for practice nursing team • Upskilling practice nurses to become prescribers and supporting healthcare assistants to perform extended roles. • Reduction of the practice boundary • Designated prescription team • Promotion of online access for prescriptions and appointments • Employment of paramedic and introduction of acute duty team • Continued proactive communication with external stakeholders

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The PPG had a membership of up to 10 patient who meet every three months with one of the GPs and practice manager. The representative said the practice manager was efficient and the GPs were receptive and acted on feedback.
The PPG had been made aware of the shortage of GPs and how different avenues were sought in regard to recruitment and were aware of the recruitment of Advance Nurse Practitioners and Paramedics to help provide additional clinical cover.
There was a 'friends of Mannamead surgery' group who raised funds for additional equipment at the practice. Over £1000 had been raised which had been used to purchase two electric examination couches for the treatment rooms, enabling patients to get on and off the couches easily.

Any additional evidence
The practice were the first GP practice to become 'Dementia Friendly' in the city. Staff had received training and provided signposting and support to patients with dementia and their carers. Practice staff had introduced a memory box and photograph album with pictures of the area and historical items to provoke discussion whilst they waited to see practice staff.
The Practice staff were involved in pilots and referred patients to local social prescribing projects, listening service for bereaved patients and social advice services.

Continuous improvement and innovation

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

Audit area	Improvement
Sodium Valporate (anti epilepsy medicine) Audit- risk in prescribing to women of childbearing age.	This audit had been completed in response to a national safety alert. The practice had immediately identified five women taking this medicine. Two were identified as being low risk due to menopause. Three patients were identified as needing to be referred to the hospital specialist responsible for their primary care. For example, paediatrician.
Postnatal check audit	A recent audit had been performed to monitor the completeness of the conversations and advice given at the post-natal check. It was recognised that the practice performed well in maternal advice regarding delivery, contraception and feeding and in the weight, head circumference, and hip stability. The audit highlighted that there was a need to improve on discussion about social situations, bowel and bladder function and furthermore in-depth baby checks. A plan was in place to repeat this audit.
Metformin (medicine used in diabetes) in patients with high kidney function tests.	An audit was completed in January 2018 to identify patients taking metformin to ensure they were receiving appropriate dosages in line with national guidance. The first cycle identified 10 patients taking a

higher than recommended dosage. These patients were reviewed by the GPs. In August 2018 it was identified that of the seven patients all had been reviewed, five had doses reduced and one had stopped the medicine.

Any additional evidence

The practice had recently introduced a Clinical Alert System within the patient records to enable the management of risk stratification, safety alerts and a more streamlined approach to patient care.

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](#)).