

Care Quality Commission

Inspection Evidence Table

Hampton Surgery (1-553231142)

Inspection date: 18/10/2018

Date of data download: 04 October 2018

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

Safe

Safety systems and processes

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

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

The practice computer system allowed documents for example, insurance certificates to be scanned and stored electronically.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: January 2018	Y
There was a record of equipment calibration Date of last calibration: March 2017	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 updated 19/01/2018
Fire extinguisher checks	7/8/2018
Fire drills and logs	9/10/2018
Fire alarm checks	9/8/2018
Fire training for staff	On line 11/2017
Fire marshals	Practice Manager & Senior GP
Fire risk assessment Date of completion Jan 2018	Y
Actions were identified and completed. A need to carry out drills so that all staff can attend	Y
Additional observations: Discussions were held following fire drills to learn lessons and share ideas. As some staff work part time drills were scheduled for different days of the week each time to ensure all staff were involved.	Y
Health and safety Premises/security risk assessment? Date of last assessment: Jan 2018	Y
Health and safety risk assessment and actions Date of last assessment: Jan 2018	Y
Additional comments: The most recent risk assessment identified that if flood occurred paper patient notes were at risk of damage. An action plan was completed and these records were moved into plastic containers in a secure location.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any previous issues identified</p> <p>Detail: The practice used special labels to identify items that have been cleaned.</p> <p>A handwashing audit had been carried out and all staff, clinical and non-clinical were included.</p>	<p>Y</p> <p>4/10/2018</p>
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

Any additional evidence
A waste contract was in place and there were secure storage lockable bins.

Risks to patients

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

managed in a timely manner.	
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers:	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.63	.91	0.95	Variation (positive)
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)	7.8%	7.6	8.7%	Comparable with other practices

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

For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y

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. 01/1/18	9
Number of events that required action All acted upon even if not practice	9

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

Event	Specific action taken
Fridge failure	A warning light was noticed on one of the practice fridges some hours after it had been checked. The data logger showed when the temperature had begun to rise. Vaccines were warm to the touch so manufacturers guidance was followed along with the cold chain policy and the vaccines were disposed of. The immunisation team was informed of the incident and a new fridge was purchased.
A member of staff sustained a needlestick injury when distracted by a patient whilst placing a needle in a sharps bin.	All processes were in place and followed. Staff were reminded that concentration is imperative when placing needles into sharps bins.
Visitor to practice collapsed	Visitor became unwell and was treated by GP. Due to renovations emergency equipment was not easily accessible. This was used as a practice learning event and changes made as a result.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Information on systems in place:</p> <p>The system for receiving, tracking and actioning alerts was embedded. Alerts were received into the clinical system and the GPs email accounts. These were viewed by the practice manager, who emailed them to the clinical team for action. The relevant staff member who dealt with the alert emailed the practice manager with details of any action taken and the practice manager informed other staff where necessary. Once searches of patients who may be affected had been completed these patients were contacted to inform them of any action that needed to be taken.</p> <p>The practice manager filed electronic copies of alerts on the system and ensured that locums were made aware.</p> <p>The clinical commissioning group pharmacist also contacted the practice to highlight alerts. Alerts were discussed at the practice meetings.</p> <p>Three recent alerts were tracked and found to have been appropriately actioned.</p>	

Any additional evidence
<p>We viewed the minutes of the most recent significant event meeting which was held in March 2018 and noted that all recent events were discussed and actions and learning points were recorded.</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)	0.55	.82	.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)	83.0%	80.3%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (25)	9.3%	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)	79.4%	77.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.4% (23)	8.9%	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)	78.4%	80.2%	80.1%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.4% (23)	11.0%	13.3%	

Searches run monthly and only those who have attended receive a recall notice 3 monthly

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)	85.7%	76.9%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.4% (20)	5.9%	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)	90.2%	92.5%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (3)	11.0%	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)	76.3%	83.5%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (27)	3.3%	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,	84.2%	87.9%	88.4%	Comparable with other practices

the percentage of patients who are currently treated with We anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (3)	7.8%	8.2%	
Any additional evidence or comments We reviewed the higher than usual exception reporting on some indicators and the most recent unverified data showed a reduction in the number of patients excepted.				

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)	36	37	97.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	20	21	95.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	20	21	95.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	20	21	95.2%	Met 95% WHO based target (significant variation positive)
Any additional evidence or comments We saw evidence where hard to reach children had been vaccinated due to the practice relationship with vulnerable communities.				

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)	76.4%	68.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	67.1%	64.7%	70.3%	Comparable with other practices
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.3%	44.1%	54.6%	Comparable with other practices
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)	90.0%	76.3%	71.3%	Comparable with other practices
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)	33.3%	50.2%	51.6%	Comparable with other practices
Any additional evidence or comments The practice were actively contacting female patients to encourage attendance for cytology appointments.				

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)	90.0%	92.1%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (2)	8.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded	90.9%	92.1%	90.7%	Comparable with other practices

in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)					
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate		
	8.3% (1)	7.4%	10.3%		
Indicator	Practice	CCG average	England average	England comparison	
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)		92.3%	85.5%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate		
	0 (0)	8.2%	6.8%		
Any additional evidence or comments					

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	544	540
Overall QOF exception reporting (all domains)	6.5%	6.1%	5.7%

Coordinating care and treatment

Indicator	Y/N
<p>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)</p> <p>The practice had quarterly multidisciplinary meetings with the diabetes team as part of an enhanced service. Regular contact with the MacMillan nurse was maintained either face to face or on the telephone due to the small number of patients affected and the demand on her time. We saw notes to evidence this from September 2018.</p>	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	93.6%	95.7%	95.3%	Comparable with other practices

months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (4)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice had a policy for recording consent in the patient's medical record and we viewed an example where consent was recorded in accordance with the policy. Regular audits were carried out to check adherence to the policy.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	79
Number of CQC comments received which were positive about the service	79
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Comments were wholly positive about the service provided. Patients commented on the ease of getting an appointment, friendly and helpful staff and the caring attitude of the clinicians.
Thank you cards	Cards were displayed in staff areas. Patients wrote how much they appreciated help through difficult times and thanked staff for their understanding and kindness.
Friends and Families Test	For the period from April to July 2018 58 responses were received and of those 46 were extremely likely (79%), 9 likely (15%) & 3 (6%) neither likely or unlikely to recommend the practice.

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
3087	274	120	43.8%	3.89%

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	89.7%	87.8%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				
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)	92.9%	86.1%	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)	95.7%	95.4%	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)	92.9%	81.1%	83.8%	Comparable with other practices
Any additional evidence or comments The practice achieved consistently higher than national averages scores for patients experience of appointments and interactions with practice staff.				

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

Date of exercise	Summary of results
July 2018	<p>The patient survey consisted of a total of 25 questions. 66 surveys were completed over a two-week period in July 2018. 30% of the respondents were male and 70% female. 58% of respondents had been registered at the practice for more than 10 years. 22 questions were asked</p> <p>Improvements from the previous year's survey had been seen in almost all areas, particularly satisfaction with waiting time for an appointment which had increased from 92% to 97% and helpfulness of other staff which had increased from 85% to 98%.</p> <p>The only area where satisfaction had seen a decrease was in seeing a doctor of choice which has fallen from 71% last year to 54% in 2018. The practice told us that a possible explanation for this could have been due to the increased patient numbers over the last year leading to longer waiting times for a named doctor.</p> <p>However, patients we spoke with on the day told us that they did not have any issues accessing appointments.</p>

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Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients told us that they found it easy to get an appointment, the refurbishment of the building had made a big difference to accessibility and all the staff both clinical and non-clinical were always helpful and considerate of patients' specific needs. Patients confirmed that they knew how to complain if necessary.

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)	100.0%	92.8%	93.5%	Variation (positive)
Any additional evidence or comments				

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	40 carers had been identified which equated to 1% of the practice population
How the practice supports carers	An information pack was available for carers. Carers Trust attended practice in Sept 2018 to raise awareness and support patients who were or had a carer.
How the practice supports recently	One of the GPs would contact the family and offer appropriate support to

bereaved patients	bereaved patients.
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Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Waiting area at the side of reception desk and confidential space was available if required.

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
Patients	Patients told us that staff were always very professional. Patients confirmed that they were aware of the chaperone system.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am -1pm and 2.30-6pm
Tuesday	8.30am -1pm and 2.30-6pm
Wednesday	8.30am -1pm and 2.30-6pm
Thursday	8.30am -1pm
Friday	8.30am -1pm and 2.30-6pm

Any additional evidence	
During core hours when the practice was not open there was an answer machine message which gave patients access to a GP by phone. For example, between 8am and 8:30am Monday to Friday and between 6pm and 6.30pm Monday, Tuesday, Wednesday and Friday. From 1pm until 6pm on Thursdays the service was covered by the badger out of hours service	
Appointments available	
Monday-Friday (GPs)	9am to 11.30am & 3.00-5.30pm
Monday-Friday (PNs)	8.30am to 11.30 & 2.30 to 5pm
Extended Access Scheme (provided by the Solihealth a local collaborative commissioned by the local CCG) Pre-bookable appointments with a GP or nurse were available via the practice reception.	Weekdays: 18:30-20:00 Saturdays: 09:00-13:00

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
Requests for home visits were logged by reception staff on the appointments screen. The emergency doctor was alerted by reception staff if there was an urgent request.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3087	274	120	43.8%	3.89%

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)	99.0%	94.5%	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 their GP practice on the phone (01/01/2018 to 31/03/2018)	98.8%	59.7%	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	89.3%	62.2%	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)	88.3%	62.5%	65.9%	Variation (positive)
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)	88.4%	69.7%	74.4%	Comparable with other practices
Any additional evidence or comments The practice performance was consistently higher than both local and national averages.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	There had only been one review on NHS Choices which commented on the level of care and treatment and trust in clinicians.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	2
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:	
<p>One of the GPs was the overall practice lead for complaints, but the day to day responsibility for handling complaints was devolved to the practice manager.</p> <p>We saw that complaints were a standing item on the agenda of practice meetings.</p> <p>We looked at both complaints in detail and found that they had been satisfactorily handled in a timely manner in accordance with the practice's complaints policy.</p>	

Example of how quality has improved in response to complaints
<p>In response to a complaint about the change to flu clinic appointments the practice acknowledged the complaint and if no open access clinic was available they needed to be clearer to patients that appointments would need to be booked.</p>

Any additional evidence
<p>Information about how to lodge a complaint was available on the practice website and in reception.</p> <p>The practice wrote to thank all patients who had given gifts.</p>

Well-led

Leadership capacity and capability

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

The GP partners and management team had maintained and built on the standards achieved at the previous inspection in 2014. The practice had identified that there would be gaps in the team created due to retirement and had recruited a new team member in good time to ensure they were trained to ensure continuity. Leaders were well qualified in their main role and as trainers. There was a strong culture of encouraging staff to further their education and training.

Any additional evidence

Vision and strategy

Practice Vision and values

The practice's mission statement was displayed on their Statement of Purpose.

The practice vision was to provide excellent healthcare by understanding and meeting the needs of their patients while encouraging them to participate in the decision-making process for their care and treatment thus enabling them to make informed healthcare choices. The practice wanted to continue on its mission that all our practice staff have the necessary training and facilities to provide an exemplary service and strive towards our vision.

To enable the practice to implement this vision they aim to:

Provide good quality care in a clean and safe environment

Work in partnership with other agencies to ensure joined up care for our patients

Encourage patient feedback through compliments, concerns and complaints and act upon feedback as necessary

Commit to be a learning organisation, learning from patient feedback and significant events to continuously improve

Treat people as individuals with dignity and respect and maintain confidentiality

Ensure our staff have the skills and training required to provide safe effective care which is responsive to the needs of our patient population

Enable people to make informed decisions about their care and treatment

Culture

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

The practice ensured that they learnt and improved processes as a result of incidents and complaints. Practice staff demonstrated that they were aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Regular meetings were held, including multi-disciplinary meetings attended by staff from external agencies. Trainee GPs based in the practice told us that it was a good learning environment and felt well supported.

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

Source	Feedback
Trainees and permanent staff	<p>We saw a thank you card from a past trainee thanking the practice for the experience they had had both clinically and personally.</p> <p>The team organised social events including nights out and walking events.</p>

Any additional evidence

Staff we spoke with during the inspection told us that the GPs and management team were approachable and very supportive. There was an 'open door' arrangement with clinicians and the practice manager and staff told us they would feel comfortable approaching any member of the management team. We were told that practice staff worked very well as a team and that relationships were positive. Staff told us that the practice felt like a family.

Governance arrangements

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

Practice specific policies	A wide range of policies were available on the practice intranet and regularly reviewed.	
Other examples	We saw that the practice monitored performance through a variety of quality improvement activities, for example, audits and the Quality and Outcomes Framework.	
		Y/N
Staff were able to describe the governance arrangements		Y
Staff were clear on their roles and responsibilities		Y

Any additional evidence

GPs and the practice nurse had lead roles in key areas and underwent additional training to support these roles. For example, minor surgery and long-term condition management. The GPs were accredited trainers and the practice nurse supported and mentored other nurses.

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
Infection	Infection and Prevention Control audit
Loss of premises/staff/utilities	Business Continuity and Disaster Management Plans
Health and welfare of staff and patients	Health and Safety Policy and Procedures

Any additional evidence
All policies and plans were securely stored on the practice computer system with monitor and review dates indicators.

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group (PPG);

Feedback
We spoke with two members of the virtual PPG, who told us that they were keen to work with the practice and had submitted responses to the in-house patient survey.

Any additional evidence
The PPG assisted in the production and distribution of the practice newsletter.

Continuous improvement and innovation

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

Audit area	Improvement
Antimicrobial prescribing in uncomplicated UTI cases	The audit was undertaken in response to Public Health England guidance on antibiotic prescribing in primary care. Antibiotic compliance in November 2017 was found to be 59%; the target was 80%. The results were discussed, prescribers were reminded about the guidelines for antimicrobial prescribing in primary care. It was highlighted that guidance was not always followed and a UTI treatment guide was produced. A re audit was completed in February 2018 and compliance was recorded at 100% overall
High Risk medicines monitoring	The audit was carried out in September 2018 and of 50 patients six had not been correctly monitored. The re audit completed in October 2018 showed this had improved with three patients still not compliant but notes were completed to mitigate the risk.

Any additional evidence
The practice had a comprehensive audit programme which included audits on consent, pre diabetic patient monitoring, COPD prescribing, Hypertension and infection rated post procedure.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

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