

Care Quality Commission

Inspection Evidence Table

TRENTHAM MEWS MEDICAL CENTRE (M83711)

Inspection date: 16 November 2018

Date of data download: 06 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

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)	Partial
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*
Explanation of any 'No' answers: *The policy for safeguarding vulnerable adults did not reflect updated categories of abuse. For example, human trafficking, modern slavery or female genital mutilation. There was no documented evidence that: - The lead GP for safeguarding had completed training in safeguarding vulnerable adults. - The elderly care facilitator (ECF) had completed safeguarding training for children or vulnerable adults. The practice forwarded a copy of the certificate for safeguarding vulnerable adults demonstrating the ECF had completed the training after our inspection. - Reception staff that chaperoned had received chaperone training. *The DBS check in place for one of the administrative staff had been carried out by another provider and was not transferable. A risk assessment to mitigate any risks had not been completed.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any answers: The practice's recruitment policy did not make reference of the need to check for gaps in employment history. We looked at five staff records and found: • A full employment history was not available for two members of staff. • Health assessments had not been completed for four members of staff. • A DBS check had been used from a previous employer for one member of staff and a risk assessment to mitigate any potential risks had not been completed. • There was no photographic proof of identity for one member of staff. An effective employee immunisation programme was not in place. There was evidence that clinical staff had immunity to hepatitis B but this was not available for non-clinical staff. A risk assessment to mitigate risks to patients and staff had not been completed. There was no evidence that staff were up to date with their routine immunisations, for example tetanus, polio, diphtheria, measles, mumps and rubella (MMR).	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y 24.10.2018
There was a record of equipment calibration Date of last calibration:	Y 12.11.2018
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	N
Fire alarm checks	N
Fire training for staff	Partial
Fire marshals	Y*
Fire risk assessment Date of completion	Y 12.10.2016
Actions were identified and completed.	N
Additional observations: Staff we spoke with told us that fire drills had not been carried out. Fire drill logs were not available. There was a hand-held bell to ring in the event of the fire. However, no checks had been completed to ensure that staff in remote upstairs rooms could hear the bell. The fire marshal had not completed training appropriate to this role. There was no evidence that one of the GP partners had completed fire training.	
Health and safety Premises/security risk assessment? Date of last assessment:	Y March 2017
Health and safety risk assessment and actions	Partial
Additional comments: - Risk assessments for the safety of patients in the practice building had been completed on 8 August 2018. - Testing for legionella had been completed at the practice on 11 June 2016 and 14 June 2018. However, a legionella risk assessment had not been completed to identify potential legionella risks within the practice or the actions to be taken to mitigate potential risks.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: Following an infection control audit an action plan had been put in place identifying actions to be taken. For example, the need for inhouse training regarding needlestick injuries, to purchase foot operated clinical waste bins and sterile gloves to be made available in all GP consultation rooms. However, there was no evidence that these actions had been completed or timescales for completion.	Y September 2018 Partial
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers	

Any additional evidence
Completed cleaning schedules were in place.

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.	Partial
Staff knew how to respond to emergency situations.	Partial
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.	Partial
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers: • Fire drills had not been carried out at the practice. • Reception staff had not received training in identifying the rapidly deteriorating patient.	

Information to deliver safe care and treatment

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

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)	0.85	1.05	0.95	No comparison available
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)	7.7%	6.7%	8.7%	No comparison available

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 (PGDs) 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
Explanation of any answers: • The PGD for adrenaline had expired in September 2018. The practice nurses were aware of this and forwarded an updated PGD to us following our inspection. • There was a system in place for tracking prescription pads throughout the practice but not prescription stationary used in printers. Following our inspection, the practice forwarded to us details of the system they had implemented to track all prescription stationary throughout the practice. • Data from the Clinical Commissioning Group showed that the practice had been effective in reducing the percentage of antibiotics prescribed as co-amoxiclav. • There was no evidence that systems were in place for monitoring the prescribing of incompatible medicine combinations for patients. • There was a system for monitoring the prescribing of the high-risk medicine warfarin. However, the practice was not checking the next due date before issuing the prescription to ensure the prescription was for the appropriate time frame.	

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.	2
Number of events that required action	2

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

Event	Specific action taken
Loss of Power	The practice had instigated their business contingency plan to ensure their service continued to be delivered. They identified some important telephone numbers were not available within the plan. Following an analysis of the event, the business continuity plan was reviewed and additional numbers added.
Safety: A member of staff admitted a delivery driver to the practice when they were alone in the practice.	The practice reviewed their lone working policy and made it clear to staff they must not admit anyone into the practice if they were on their own.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Partial
Comments on systems in place: There was a system in place for receiving Medicines and Healthcare products Regulatory Agency (MHRA) alerts into the practice. We reviewed the system and found that some MHRA alerts were not included in their systems. For example, risks to children from fentanyl patches. Following our inspection, the practice forwarded details of how they had updated their systems to include the most recent MHRA alerts.	

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)	0.24	0.94	0.83	No comparison available

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 (01/04/2017 to 31/03/2018) (QOF)	73.1%	74.5%	78.8%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6%	9.6%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	66.3%	75.5%	77.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8%	7.5%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	83.0%	80.2%	80.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.5%	11.8%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	84.2%	77.7%	76.0%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9%	5.2%	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 (01/04/2017 to 31/03/2018) (QOF)	93.1%	88.6%	89.7%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0%	9.8%	11.5%	

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 (01/04/2017 to 31/03/2018) ^(QOF)	79.7%	81.9%	82.6%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2%	3.2%	4.2%	
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 (01/04/2017 to 31/03/2018) ^(QOF)	88.4%	91.3%	90.0%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5%	5.1%	6.7%	
Any additional evidence or comments				

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) (to) NHS England England)	21	21	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) (NHS England)England	18	19	94.7%	Met 90% minimum (no variation)
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) (to) (NHS England)England	18	19	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) (NHS England)	18	19	94.7%	Met 90% minimum (no variation)
Any additional evidence or comments				

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%	70.7%	72.1%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.5%	72.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.1%	52.1%	54.5%	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)	64.0%	70.7%	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)	80.0%	54.7%	51.6%	No comparison available
Any additional evidence or comments				

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 (01/04/2017 to 31/03/2018) (QOF)	68.8%	85.1%	89.5%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1%	9.1%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	87.5%	89.5%	90.0%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1%	7.9%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	72%	79.6%	83.0%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0%	7.0%	6.6%	
Any additional evidence or comments Clinical Commissioning Group General Practice indicators showed that for quarter one of 2017/18, out of 23 practices in the locality, Trentham Mews had the second lowest A&E attendance rates and the fourth lowest emergency Ambulatory Care Sensitive Conditions (ACS) admissions.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	536	536	536

Overall QOF exception reporting	3.9%	9.2%	10.1%
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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)	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 (01/04/2017 to 31/03/2018) (QOF)	97.2%	95.9%	95.1%	No comparison available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7%	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinical staff were aware of Gillick competences when dealing with consent for children and considered the Mental Capacity Act 2005 for patients who may lack capacity. Written consent was recorded for patients receiving immunisations. However, there was no evidence that clinical staff had received training in the Mental Capacity Act.

Any additional evidence
The practice employed a dedicated Elderly Care Facilitator who visited patients aged 75 and over in their own home for assessments if required, these included: • The Edmunton Frail Scale • Dementia screening using 6CIT tool • Mobility assessment (The FRAT tool) • Assessment of benefits uptake for example, attendance allowance • Assess and increase vaccination uptake for example, flu, pneumovax and shingles • Identification of alcohol problems by asking about and recording weekly alcohol consumption in writing, and using FAST/AUDIT tools where appropriate

As a result of this work the practice had increased the practice prevalence recording for dementia and the percentage of patients who received a face to face review.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	47
Number of CQC comments received which were positive about the service	47
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
NHS Choices	There were four positive comments on the NHS Choices website: • The GP puts patients at ease. • Staff were caring & compassionate. • Staff were friendly, knowledgeable and helpful • The practice provided a first-class service. There was one negative comment on the NHS Choices website: • Receptionists questioned why a patient needed to see the GP.
Comment Cards	Patients told us that all staff were polite, caring and understanding. Many patients commented that the practice provided an excellent service from the receptionists through to the GPs. There were several comments stating that the practice staff went above and beyond.

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
3551	225	114	50.7%	3.2%

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)	97.1%	88.4%	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)	95.1%	86.5%	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)	98.4%	94.9%	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)	100.0%	83.1%	83.8%	Significant Variation (positive)

Any additional evidence or comments

The practice carried out the Family and Friends Test to determine if patients were likely to recommend the practice to their friends and family. Results from June 2018 showed that 16 out of 16 patients were extremely likely to recommend the practice to their family and friends.

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

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comment cards.	Patients told us they felt listened to by the GPs and involved in decisions about their care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	98.3%	92.0%	93.5%	Comparable with other practices
Any additional evidence or comments The practice believed that to improve health it was essential to create supportive environments and strengthen community action. Since 1999 the practice has been active in promoting community engagement which included: - Running community and inhouse art exhibitions, including Art for Health and a ceramic 'Celebration of Life' mosaic to commemorate all the children registered with the practice who were born in the Millennium year. - Supporting the refurbishment of the local park. - A community lantern parade. - Healthy Heart Valentine's Day poetry leaflets. - A community book service, run by patients within the practice, following the closure of the local library. - Involvement in local schools. Their work with the local primary school acted as a catalyst for establishing a practice based charity, the Kabanda Trust which supports the education and health care of children in a very deprived community in Uganda. The trust has raised almost £600,000 to support this community and will shortly complete the construction of a primary and infant school to serve over 300 children. Along with one of the GPs, a number of patients from the practice have been actively involved in this work and visited the school in Uganda. Pictures of the school and its pupils were displayed throughout the practice. It has provided an opportunity for the practice to work with local and national organisations to raise awareness of the ongoing issues regarding global health and greater understanding of the wider determinants of health.				

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.	N*
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	86 carers (2.4% of the practice population)
How the practice supports carers	There was a dedicated non-clinical lead to identify and support carers. Carers were offered flu immunisations and sign posted to local carer support groups such as, The North Staffs Carer's Association. Alerts were also added to the records of carers.
How the practice supports recently bereaved patients	The practice was considering sending condolence cards to recently bereaved patients.

Any additional evidence
*Easy read leaflets were not readily available within the practice. However, the practice nurses used laminated easy read boards to support patients with a learning disability to describe their ailments and issues.

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	Receptionists we spoke with were aware of the risks associated with the open plan reception desk. They clearly described the processes they followed to ensure that patient confidentiality was not breached. For example, turning computer screens so patients could not see them and avoiding the use of patients' names and addresses. A sign at the reception desk informed patients they could request a room to discuss issues privately.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am – 7.30pm
Tuesday	8.30am – 6pm
Wednesday	8.30am – 6pm
Thursday	8.30am – 6pm
Friday	8.30am – 6pm

Appointments available	
Monday	8:50am – 11:40am and 3:00pm – 7:15pm
Tuesday	8:50am – 11:40am and 3:00pm – 5:30pm
Wednesday	8:50am – 11:40am and 3:00pm – 5:30pm
Thursday	8:50am – 11:40am and 2:00pm – 5:30pm
Friday	8:50am – 11:40am and 3:00pm – 5:30pm
Extended hours opening	
Monday	6.30pm – 7.30pm

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	
Receptionists forwarded requests to the GPs who triaged the need for a home visit.	

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3551	225	114	50.7%	3.2%

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)	99.4%	93.9%	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)	94.0%	65.8%	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)	93.5%	68.5%	68.6%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	87.2%	68.7%	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)	94.5%	76.1%	74.4%	Variation (positive)
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Patients told us appointments were available the same day they called the practice and they could see their GP of choice which provided continuity of care.

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:	
The complaints policy and leaflet did not provide timeframes for acknowledgement and investigation of complaints. Following our inspection, the practice forwarded to us an amended policy including appropriate timeframes.	

Example of how quality has improved in response to complaints
Following concerns regarding patient confidentiality, all receptionists were informed not to stand in clinical room doorways to speak with clinicians but to go into the room and close the door before starting a conversation regarding a patient.

Well-led

Leadership capacity and capability

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

- The practice had identified that patients experiencing severe mental health were receiving less than optimal care due to the lack of a permanent consultant psychiatrist. Following six-weekly discussions with secondary care services a permanent consultant has been appointed to work with the practice to review patients' care and raise any concerns regarding their management.
- The practice had experienced a period of rapid growth in the previous two years. To meet this demand, the practice had increased clinical capacity through the appointment of an additional GP partner and practice nurse. They also removed patients from the practice list who lived outside of the practice's catchment area and NHS England supported patients to register at practices more local to them.
- The practice had worked with the Clinical Commissioning Group to build resilience within the practice. For example, to make use of available technology the practice had recently installed a text messaging service for patients.

Vision and strategy

Practice Vision and values

The practice had clearly identified their set of values which were:

- Integrity underpins everything we do so that we are open and honest about our strengths and weaknesses.
- Everyone who contributes to our work is significant and their contribution valued. Every patient is equally deserving of our best care.
- We are stewards of both our own practice resources as well as those of the wider NHS and we have a responsibility to use these resources effectively and efficiently.
- We are accountable to each other, our patients and the NHS for the work that we do.
- We are committed to offering high quality health care through a process of continuous improvement.

Culture

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

- The practice had employed an elderly care facilitator to build capacity to support the growing older population of patients registered with the practice.
- The practice recognised the importance of preventing ill health and worked closely with the local community to achieve this. For example, running the community book service following the closure of the local library and engagement with local schools through 'art for health' exhibitions.
- The practice had established a charity that supported the education and health care of children in a very deprived community in Uganda. The practice worked with local and national organisations to raise awareness of the ongoing issues regarding global health and gained a greater understanding of the wider determinants of health.

- There was not always evidence that staff had received appropriate training to support them in their role and support a culture of high-quality sustainable care.

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

Source	Feedback
Interviews with staff.	Staff told us they were proud to work at the practice and there was a strong team culture. They told us the management team were supportive and approachable.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There were policies in place to support the processes and systems at the practice and a system of review. They clearly defined staff lead roles so that staff were aware of who to go to for support and advise. The practice had safeguarding policies to safeguard children or vulnerable adults. However, the policy for safeguarding vulnerable adults did not reflect updated categories of abuse, for example modern slavery. The recruitment policy did not advise checking for gaps in employment history. The complaints policy did not contain time frames for acknowledging complaints or response times. Following our inspection, the practice forwarded to us an updated complaint's policy including the appropriate time frames.
Clinical and team meetings	The practice held regular clinical and staff meetings. We saw that significant events and complaints were a regular agenda item.
	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
Disruption of services for example, loss of domestic services, fire.	There was a business continuity plan in place to promote the safe running of the practice in the event of a disruption to the service. A copy of this was also held off site.
Premises risk to patients and visitors	A risk assessment had been completed to mitigate risks associated with display wires and the potential risk of strangulation.

Any additional evidence
The following risk assessments had not been completed to mitigate potential risks: • Legionella • Staff who had not received immunisation against hepatitis B. • Staff with DBS checks from previous providers

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
The practice had established a virtual PPG on Facebook, which had 128 members at the time of our inspection. It provided a forum for patients to comment and engage with the practice regarding practice news and issues or concerns. The page was monitored by the practice's administrators on a weekly basis and any unfavourable comments received were discussed at the practice meeting.

Continuous improvement and innovation

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

Audit area	Improvement
An electronic search was compiled to look at cervical smears taken to ensure that no patients were lost to follow up and to review inadequate rates.	The first cycle showed all 63 cervical smears had been reviewed with 60 negative results and action was needed for the remaining three. A second cycle showed that all 61 cervical smears had been reviewed with 55 negative results and action was needed for the remaining six.
To ensure that patients were offered the most appropriate treatment for hypertension in line with The National Institute for Health and Care Excellence (NICE) guidance.	The audit identified that clinicians actively monitored, advised and recorded hypertension in line with their practice protocol however, findings suggested: - Clinicians did not always follow protocol in advising patients to return for a review of their blood pressure. - Many patients had not returned for a review. To address these issues the practice: - Reviewed and reiterated their practice protocol (in conjunction with NICE guidelines) at the clinician's meeting. - Introduced the use of diary dates to prompt follow ups. A re-audit of the actions taken demonstrated that all patients were offered advice and NICE guidelines had been followed.

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](#)).