

# Care Quality Commission

## Inspection Evidence Table

### Mount Pleasant Health Centre (1-584584212)

Inspection date: 27 Nov 2018

Date of data download: 15 October 2018

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

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) 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

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

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 November 2017
There was a record of equipment calibration Date of last calibration:	Y November 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	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion:	Y July 2018
Actions were identified and completed. For example, a faulty door in a waiting room had been identified and repaired. Two additional fire extinguishers had been installed and A fire assembly point sign erected outside of new extension	Y
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Y November 2018
Health and safety risk assessment and actions Date of last assessment:	Y November 2018
<p>Additional comments:</p> <p>Risk assessments found that one room contained supplies which should be stored securely, being stored in an unlocked cabinet. This had been addressed with the relevant department manager and rectified.</p> <p>Several overloaded extension cables were identified. A maintenance contractor completed adjustments which ensured safety.</p> <p>The internal boiler room was found to be cluttered. This was reorganised.</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: May 2018 The practice acted on any issues identified  Detail:  Hand washing guidelines were updated and 'bare below the elbows' instructions given to all staff.	Y May 2018
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:  Clinical waste including bins and sharps bins were emptied from all clinician rooms on a daily basis and moved to a locked and secure depot outside the main building. Waste was collected and removed on a weekly basis by waste contractors.	

## 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
Explanation of any answers:  Every room had a button to alert team members of an emergency, in addition a 'panic alarm' was situated within the computer system. This ensured that any worker within the practice had access to a 'panic alarm'.  Staff told us there were always GPs and nurses who arrived at the scene of an emergency and the emergency trolley was wheeled along by a nurse or health care assistant. A member of administration team had the specific role of bringing the privacy screen to preserve patient's dignity in an emergency.	

The practice had a sepsis lead. Staff had sepsis guidance laminated at their workplace and all staff were aware of the importance of recognising the signs of sepsis. This included administration staff who had undertaken sepsis awareness training.

### Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers:</p> <p>The practice had employed a consultant to review workflow systems in early 2018. Findings from this ensured that work which did not required GP advice or intervention could be dealt with by the administration team. This increased the amount of GP time available for patients.</p> <p>The practice had a medical secretarial team who had allocated time during the induction of new GP trainees to explain the referrals process. The secretaries were kept up to date with any changes from the DRSS (Devon Referrals Support Services) which ensured all referrals followed the correct pathway and met the referral criteria to avoid any delays to patients on their treatment pathway.</p> <p>All pathology results were checked on the day they arrived. It was the responsibility of the named GP to read, check, file and arrange any action points for each pathology result. The practice had a cross-cover system in place to provide for staff absences. GPs worked in groups with four GPs to each group. This meant that if a GP was away then the others in that group covered the pathology test results and were able to complete any further action. By working as a team, all pathology results were checked by the end of each working day.</p>	

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.68	0.94	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	6.2%	9.8%	8.8%	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
<p>Explanation of any answers:</p> <p>The practice had recently had to increase its supply of medical oxygen over the last eight months due to the increasing delay with ambulance transfers. The practice now had a small cylinder on the emergency trolley and two larger ones in reserve.</p> <p>The emergency medicines were stocked according to the list recommended originally by the NHS Drugs and Therapeutics Bulletin. There were emergency medicines kept in the resuscitation trolley and the practice also had "grab bags" for GPs in the event of a home visit. The medicines stock was checked and expiry dates managed by nurses on a monthly basis.</p>	

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

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	14
Number of events that required action	10

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

Event	Specific action taken
Error in work flowing from the scanning department.	Errors were identified in scanned documents which had not been highlighted to clinical staff before being scanned. Action taken included the introduction of a new scanning protocol being created to ensure GPs were forwarded all relevant documents and further action required by the GP. The review of this was ongoing.
A minor operation had been deleted instead of cancelled and a patient required two week wait referral following a minor operation.	This administration error was investigated by the practice. Actions taken agreed that two week wait referrals should not be deferred and this should have been done prior to the minor operation to avoid any delay to the patient.
A swab specimen had been left in the wrong place in reception	Receptionists identified this issue. The specimen was immediately taken to the nursing department. Practice staff were spoken to and the protocol was reviewed at the relevant meeting.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Safety alerts were received and reviewed by the practice manager who forwarded them as required to appropriate clinicians or administration team for action. Where action was required, this was reported back to the practice manager upon completion. In the absence of the practice manager, the administration manager dealt with these alerts in the same way.	

# 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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.62	1.01	0.84	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)	80.1%	81.6%	79.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (90)	13.7%	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 (01/04/2017 to 31/03/2018) (QOF)	75.5%	76.5%	78.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.5% (109)	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)	81.0%	81.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.1% (170)	15.8%	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)	81.6%	76.7%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12% (220)	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)	97.2%	90.0%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (27)	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)	82.3%	84.1%	83.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (199)	5.2%	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)	88.2%	89.8%	88.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (8)	8.5%	8.2%	
<b>Any additional evidence or comments</b>				
<p>If a patient failed to respond to any of the three letters which invited them to clinic, the practice waited for a month after the third letter and if the patient still hadn't booked into a clinic they were then recorded as "informed dissent".</p> <p>The practice recognised that there were some patients with complex long-term conditions who it was imperative to see. In these cases, the patient's own GP was sent a task to update them and the GP then personally contacted the patient to attempt to persuade them to attend.</p>				

## 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) (01/04/18 to 31/10/18) <small>(NHS England)</small>	148	190	79.4%	Average – comparable 80%
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/10/2018) <small>(NHS England)</small>	140	184	78.8%	Average – comparable 80%
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) (01/04/2018 to 31/10/2018) <small>(NHS England)</small>	139	184	80%	Average – comparable 80%
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/10/2018) <small>(NHS England)</small>	139	184	81%	Average – comparable 80%
<b>Any additional evidence or comments</b>				
<p>The practice has successfully bid to NHSE to actively promote and increase its targets for children aged one year. This was proving effective and the practice intended to use learning from this project to promote it across the rest of the areas shown above.</p> <p>The practice found that some families insisted they do not wish their children to receive these immunisations. Although nurses actively tried to encourage and promote the need for children to receive these immunisations, the practice acknowledged the freedom of patients to choose not to receive them.</p>				

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	70.8%	75.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	66.9%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	61.5%	61.3%	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)	77.4%	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)	63.1%	56.5%	51.6%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>The practice was currently reviewing its cervical cancer screening. Central invitations were normally sent by an NHS site in Wiltshire, but there had been a delay and this had impacted upon the attendance figures. The practice had a plan in place to address this which included following up these patients who had not attended their appointment and inviting others yet to attend. The practice projected final figures were currently 79% which was in line with the figures for 2017-2018.</p>				

People experiencing poor mental health (including people with dementia)

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	84.7%	85.5%	90.3%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	11.3% (11)	15.8%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	83%	87.1%	90.7%	Variation (negative)
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	12.4% (12)	13.7%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	89.4%	85.9%	83.7%	Comparable with other practices
<b>QOF Exceptions</b>	<b>Practice Exception rate (number of exceptions)</b>	<b>CCG Exception rate</b>	<b>England Exception rate</b>	
	6.3% (7)	8.4%	6.8%	
<b>Any additional evidence or comments</b>				
<p>The practice carried out a planned annual campaign to address any outliers in mental health reviews. For example, in January 2019 the practice planned to follow up all patients in the groups above who had failed to attend for their appointment reviews, such as alcohol consumption.</p> <p>The practice was dementia friendly and had invited the Exeter Dementia Action Alliance lead into the practice to undertake dementia awareness training with all staff teams.</p>				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	540	543	539
Overall QOF exception reporting (all domains)	7.5%	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) <small>(QOF)</small>	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) <small>(QOF)</small>	91.7%	95.0%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (41)	0.9%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Patient consent was sought by clinicians prior to any examination or procedure and recorded within the patient record.

Any additional evidence
An audit was regularly undertaken to randomly check selected patient records who had received a procedure to ensure patient consent had been recorded appropriately.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	1
Number of CQC comments received which were positive about the service	1
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
General Practice Awards nominee	The practice was amongst the top three for a national General Practice Award in the Patient Choice Surgery of the Year 2018 category. Staff from the practice were due to attend the finals in London at the time of writing the report. Over 380 patients had provided positive comments about the practice and an unknown additional number had voted for the practice. The award was intended to recognise excellent patient care.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16,380	245	109	44.49%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	87.6%	86.7%	78.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	92.6%	92.5%	88.8%	Comparable with other practices
The percentage of respondents to the GP patient survey who answered positively to question 22	97.5%	97.2%	95.5%	Comparable with other

“Did you have confidence and trust in the GP you saw or spoke to?” (01/01/2017 to 31/03/2017)				practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	84.3%	90.4%	85.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	91.8%	93.7%	91.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	92.5%	93.6%	90.7%	Comparable with other practices

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

Date of exercise	Summary of results
May – Dec 2017	<p>The practice had discussed with the patient participation group (PPG) the questions to be asked in its annual survey in 2017. The PPG had identified potential questions for the survey and suggested these to the Practice Manager and Lead GP. These had been included.</p> <p>The results were positive. Of the 200 respondents, over 90% were satisfied or extremely satisfied with the practice.</p> <p>The practice had not repeated the survey in August 2018 as they had been nominated for a national General Practice Award and this had involved obtaining feedback from as many patients as possible.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Feedback was extremely positive. Patients described a caring and supportive practice with friendly and approachable staff.



## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	89.4%	90.5%	86.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	85.0%	87.7%	82.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	91.0%	92.5%	89.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	82.2%	88.9%	85.4%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	194 carers had been identified. This was 1.2% of the practice population. The practice was working towards the identification of more carers on an ongoing basis.
How the practice supports carers	Practice staff identified any carers who needed support. This information (with the patient's consent) was passed on to the practice Friend's Co-ordinator who helped signpost the patient to a range of local services; as well as explaining the services on offer within the practice. Patient information screens in the

	waiting rooms highlighted a wide range of services available to patients, including carers.
How the practice supports recently bereaved patients	When notified of a death, the GP was informed and the GP made contact to offer the bereaved patient (and family) support. The GP may undertake a home visit in addition to the telephone call. The GP followed this up if it was felt that the patient required additional or on-going support from the practice.

### Any additional evidence

The Friends of Mount Pleasant Health Centre group were very aware of patients who were carers and an informal support group had been created where patients were accompanied to lunch clubs at the local church hall. The Friends also organised social groups which met at the practice for knitting and craft making. The Friends offered a befriending service to carers and socially isolated patients. The Friends were currently organising a Christmas afternoon tea for these patients. A health care assistant from the practice annually baked an individual Christmas cake for each carer to take home.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Some of our GP consulting rooms have separate side rooms for examinations with solid doors.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The practice had a small side room next to the main reception desk and patients were actively encouraged to use the side room if they wished to discuss something confidentially with a receptionist.</p> <p>It was also used for patients to sit and wait if they preferred not to be in one of the main waiting rooms or as a place to sit and gather their thoughts.</p>

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

### Examples of specific feedback received:

Source	Feedback
Patient interviews	We spoke with six patients during our inspection. Every patient told us they felt treated with respect and compassion during their visits to the practice.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
Sunday	9am to 4pm

Appointments available throughout the above times	
Extended hours opening	
Monday 7am – 8am and 6.30pm - 8pm Tuesday 7am – 8am and 6.30pm - 8pm Wednesday 6.30pm – 8pm Thursday 6.30pm – 8pm Sunday 9am – 4pm	

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	
This was done on a daily basis with clinicians at 12pm when they met to agree and discuss all home visit requests and who would attend. This ensured there was always a duty GP on the premises.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
16,364	245	109	44.49%	1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	94.0%	83.7%	80.0%	Variation (positive)
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	93.3%	82.1%	70.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	88.1%	84.8%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	90.3%	82.0%	72.7%	Comparable with other practices

### Examples of feedback received from patients:

Source	Feedback
NHS Choices	10 patients on NHS Choices had provided an overall rating for the practice of 3.5/5 stars. Patients described how they could access the service in a way and at a time appropriate to them.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year	28
Number of complaints we examined	All
Number of complaints we examined that were satisfactorily handled in a timely way	All
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1
<b>Additional comments:</b>	
During the inspection we found that complaints were always dealt with in a timely manner in accordance with the regulations. The majority of complaints were settled with an apology or an explanation in writing from the practice manager.	

Example of how quality has improved in response to complaints
<p>The practice manager discussed complaints with the lead GP and an annual review was held to discuss all complaints. This helped to identify trends and to identify whether anything could have been done differently.</p> <p>Quality had been improved following the complaints process. For example, GPs had introduced a buddy system for peer support as receiving a complaint can have a negative impact on GPs outlook, health and well-being. This had been successful in supporting GPs through what can be extremely stressful situations.</p>

# Well-led

## Leadership capacity and capability

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

The practice manager had helped to organise the formation of Exeter Primary Care (EPC), the Federation of the 16 GP Practices in Exeter. The EPC federation had ensured that contracts for primary care remained within GP Practices. This collaborative working had also helped local practices to remain sustainable throughout challenging times.

The practice had also helped create the Devon CEPN (Community Education Provider Network) which offered training to practices ensuring consistency across Devon. The Devon CEPN had offered all practices in Devon access to e-learning. The training programme had a 99.7% uptake from Devon Practices.

GPs at the practice carried out roles such as medical secretary at the Local Medical Council (LMC) and had undertaken leadership programmes to maximise contribution in this role which in turn benefitted the practice with additional insights.

The practice had plans in place to 'future proof' their workforce. This included employing an Emergency Care Practitioner (a former paramedic). The practice had plans in place for succession planning as GPs and nurses approached retirement age to ensure there were no gaps in the service provision to patients.

### Any additional evidence

The practice had been successful with a bid to be part of a pilot for physiotherapy. The practice now had a physiotherapist based at the practice. Healthcare Navigators (receptionists) booked patients directly to this service, which reduced the workload for GPs and increased their time with other patients.

The practice welcomed work experience students (eight placements a year) and understood their potential for the future.

## Vision and strategy

### Practice Vision and values

The practice vision was to provide "quality care today whilst teaching excellence for tomorrow". The practice provided training to medical students and trainee GPs and supported this provision with values and a caring ethos. The vision included the need to increase the services on offer as a practice and through the local federation (EPC) ensure future sustainability.

## Culture

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

The practice held quarterly strategic meetings which ensured partners had time to think and discuss future plans and the strategy of the business.

Recent GP partner changes had been successful and the practice had also increased the number of salaried GP partners who held additional responsibility in comparison to a salaried GP. This had been completed in readiness for a planned GP retirement next year. This future planning ensured the practice could continue to offer high quality and sustainable care to patients.

The practice manager planned and identified practice strengths, weaknesses, opportunities and threats. These were discussed at strategic meetings, and at fortnightly managing partners meetings, and the monthly joint partners meetings.

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

Source	Feedback
Interviews with administration staff	Staff told us the practice was an enjoyable place to work, they felt supported by their line managers and there was a transparent culture of continuous learning at the practice.
Interviews with nursing staff	Nurses told us there was a strong team ethos at the practice, that they worked in a supportive team and always felt they could raise any issues with management.



## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Information governance policies included confidentiality and whistle blowing.
Other examples	Clinical governance and supervision was reinforced at daily clinical meetings. All trainees had access to a senior GP and were encouraged to seek advice and support from their peers at any time, especially in their feedback sessions.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
Significant events were discussed at the clinical meeting forum on a regular basis, which ensured the participation in discussion and learning from events was widespread.

## 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
Asbestos	A risk assessment carried out during an internet installation detected some asbestos. The practice engaged a professional contractor to successfully remove this material with minimum disruption.
Faulty lighting	The practice had replaced all of their lights with more efficient lighting.
Fire alarm checks	The practice planned to replace all of its fire detectors and alarms as they approached the end of their current recommended lifespan.

## Appropriate and accurate information

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

Any additional evidence
Anyone enforcing or making a statutory notification understood the implications and their responsibilities in connection with the notification.

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

### Feedback from Patient Participation Group;

Feedback
<p>During our inspection we spoke with members of the PPG (Patient Participation Group) who provided a sounding board for any ideas and plans the practice may be considering. There were currently 23 active members and these met bi-monthly together with the practice manager and a GP. There were additional with e-mail exchanges in between the formal meetings.</p> <p>The PPG was due to elect a new chair and another patient had come forward for this role. The current chair had been in post for three years and was looking to reduce their commitment but was happy to continue working alongside the new chair as deputy.</p> <p>Both PPG and practice staff told us they were always assured of lively discussions with great input and participation at these meetings.</p>

Any additional evidence
The PPG and Friends of Mount Pleasant group worked very closely together. The practice also invited the independent pharmacy manager along to meetings to discuss any issues or new services they may be offering to patients.

## Continuous improvement and innovation

Audit area	Improvement
Thyroid Function Tests August 2018	The practice had completed a complete cycle audit on thyroid function tests. The findings of this continuous audit included the setting up of a report to alert clinical staff every quarter if patients missed their regular health checks. A protocol had been added to the clinical system which indicated when these checks were due. This alert appeared whenever anyone entered the patient record, until the check had been completed.

Sepsis audit June 2018	<p>This audit identified and analysed patients admitted to hospital with a provisional or subsequent diagnosis of sepsis from April to May 2018. Nine patients had been identified aged 20 to 91 years with a median age of 75 years.</p> <p>4.5 patients a month out of 16,800 during the audit had been admitted with sepsis. 33% were dealt with by the practice, 45% by Out Of Hours (OOH) and 22% by the midwifery team.</p> <p>None of these patients had died as a result of their sepsis episode. Records of a significant event meeting showed that this audit was discussed and additional improvements and learning disseminated as a result. This included the introduction of a review of sepsis training for all staff and raised awareness at the practice.</p>
Mental health audit October 2018	<p>This audit identified patients on anti-psychotic medicine who may not have had a health check or blood test as this had not been picked up by Quality Outcomes Framework (QOF) reminders. The audit found that 136 out of 205 patients in this group had not had their blood pressure or their body mass index recorded. These patients were being called in for reviews. A re-audit was planned for January 2019 to check progress on this.</p>

**DO NOT DELETE THE NOTES BELOW**

**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](#)).