

Care Quality Commission

Inspection Evidence Table

The Staunton Surgery (1-549197442)

Inspection date: 4 December 2018

Date of data download: 28 November 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Partial
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any answers: The practice training log demonstrated: <ul style="list-style-type: none">All the GPs, the advanced nurse practitioner and one of the practice nurses had completed safeguarding children Level 3 training in 2017. This was recommended by the practice to be completed three yearly.The safeguarding lead GP had also completed an additional training module as part of their role as safeguarding lead.A further three clinicians had also completed an additional safeguarding module for postnatal mothers.The remaining three members of the nursing staff had a record of completing Level 1 and 2 safeguarding children training, all within the previous 12 months.Of the non-clinical staff, 10 out of 11 staff members had a record of completing Level 1 and 2 safeguarding children, all within the previous 12 months. The remaining staff member had no record of attending this training previously.All the GPs, the advanced nurse practitioner and one practice nurse had completed safeguarding adults Level 3 training.Of the non-clinical staff, 10 out of 11 staff members had a record of completing Level 1 and 2	

safeguarding adults, all within the previous 12 months. The remaining staff member had no record of attending this training previously.

The practice's training log, provided during inspection, did not include any training details for the practice's new GP partners and new business partner. These partners were confirmed to be the practice's new leadership structure within the previous 12 months. We raised this with the practice on inspection. The practice provided evidence of completed training for their new partners with regards to safeguarding children and adults.

The practice's safeguarding children's register contained 165 vulnerable children, which represented approximately 2% of the practice's patient population. The practice's safeguarding lead was identified to work clinically at the practice two days a week. Although there was no evidence of an impact to the practice's safeguarding responsibilities, the practice accepted that a review of their safeguarding lead arrangements, such as a possible job share role, may be beneficial.

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>We reviewed five personnel records on the day of inspection, including a GP locum, two members of the administrative team, and two members of the clinical and nursing team.</p> <ul style="list-style-type: none"> We found the GP locum file contained a summary curriculum vitae (CV) which did not contain a full employment history, or any references about previous professional conduct. We raised this with the practice and the missing information was sourced from the GP locum within two days of the inspection. The other four files contained the appropriate recruitment documentation. <p>We saw evidence of a group medical indemnity certificate for staff at the practice.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: December 2017	Yes
There was a record of equipment calibration Date of last calibration: May 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	N/A
Fire procedure in place	Yes

Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 9 August 2018	Yes
<p>Actions were identified and completed.</p> <p>The fire risk assessment undertaken on 9 August 2018 identified:</p> <ul style="list-style-type: none"> • The need for additional fire wardens to be trained; • Doors leading to staircases or corridors were required to be self-closing, have vision panels and be rated as fire doors. • Self-closing devices on doors were not working correctly by overcoming the resistance of nay latches or catches. • Double-leaf doors did not have a gap between them which would prevent smoke passing the smoke strips • Fire doors needed to be free of wedges and kept shut • Fire procedures were not clearly posted above all fire call points. • Fire wardens were not able to access all areas in the practice to carry out their roles without the need for a key or access card. • A route plan of escape routes, fire exits, fire resisting doors, walls and partitions, location of warning devices emergency lighting and firefighting equipment needed to be supplied by NHS Property Services by 1 September 2018. 	
<p>Additional observations:</p> <p>Structural issues identified in the fire risk assessment had been submitted to NHS Property Services for actioning in view of the practice leasing their premises from them.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment: 12 September 2018</p>	Yes
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment: 12 September 2018</p>	Yes
<p>Additional comments:</p> <p>The practice provided evidence of a health and safety risk assessment undertaken by Peninsula. (Peninsula is a nationwide health and safety company which offers support in health and safety management to businesses). The risk assessment identified a total of 13 elements that required action by the practice. These actions included checks on driving licences with the Driver and Vehicle Licence Authority (DVLA), completion of occupational driving risk assessments for those clinicians that performed home visits, an authorising signature of a current manager on the practice's safety policy and confirmation of a fire risk assessment with the building maintenance provider. However, the action plan supplied by the practice did not contain any details on if the actions had been commenced or completed.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: 25 July 2018 The practice acted on any issues identified</p> <p>Detail: The practice most recent infection prevention and control audit recorded the practice as 100% compliant. No issues were identified, meaning no actions needed to be addressed and acted upon.</p> <p>However, on review of the practice's training log, we found evidence that showed infection prevention and control training had not been consistently completed in line with the practice's own guidance. For example:</p> <ul style="list-style-type: none"> • Clinicians were expected to complete Infection Prevention Level 2 training every three years. • The training log documented two modules, one for Infection Prevention and one for Infection Control. Of the 10-clinical staff, only seven had a record of completing the Infection Prevention module, all within in the previous 12 months. A further six had completed the Infection Control module in the same period. • Non-clinical staff were expected to complete Infection Control training every year. • The training log demonstrated that out of 12 non-clinical staff, a maximum of five staff members had a record of completing training in Infection Prevention and Infection Control within the previous 12 months. • The practice provided additional evidence which demonstrated their new partnership structure members had completed infection prevention and control training within the previous 12 months. 	<p>Yes</p> <p>N/A</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers: On review of the practice's external clinical waste security, which was shared with two other health care providers within the health centre, we found the external compound to be locked. However, on three of the bins in the compound were found to be unlocked and contained used sharps boxes waiting for collection and incinerating. We raised this with the practice and were assured they would raise this with the health centre who oversaw the arrangements of the waste collection for the entire site.</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes

The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers: N/A	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>To monitor the practice's two-week wait referrals, we were informed a patient leaves their initial GP appointment with the referral appointment details that have been created from 'Choose & Book'. The practice's workflow optimisation team monitors when patients have attended the two-week wait appointment. If a patient has not attended, the practice contacts the patient to prompt them to re-arrange. The patient's GP would also be informed. (Two-week wait referrals are urgent referrals from a GP to hospital due concerns about possible symptoms of cancer).</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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	1.09	0.88	0.94	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). (01/10/2017 to 30/09/2018) (NHSBSA)	10.0%	8.8%	8.7%	Comparable with other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes

Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>Changes to patients' medicines were monitored by the practice's Operations Manager. This individual had attended a training course on changes to patients' medicines and had formulated a record sheet which would be completed on receipt of hospital correspondence. This record sheet would then be shared with the patient's registered GP. The GP would review and authorise the changes on the patient's records. The Operations Manager retained the record sheet securely for a period of two months.</p> <p>The practice confirmed the monitoring of patients receiving warfarin, a blood-thinning medicine, was undertaken by the local hospital. All other monitoring of high-risk medicines was completed by the practice or by shared care professionals.</p> <p>The practice confirmed all controlled drug prescriptions included an additional monitoring system for collection purposes. All controlled drugs prescriptions were supplied with a comment slip which recorded the date, time and individual who collected the prescription. This comment slip was then retained securely for two months in order to monitor the frequency that controlled drug prescriptions were being requested and subsequently collected.</p> <p>The practice confirmed they did not keep a stock of controlled drugs on the premises.</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	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	9
Number of events that required action	7

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

Event	Specific action taken
The practice raised a significant event following the discharge of a patient who had a recorded Unified Do Not Attempt Cardiopulmonary Resuscitation (uDNACPR) order.	On review of the patient's discharge summary, the practice noted a copy of the uDNACPR had not been sent to the practice or designated GP. The practice raised this with the local hospital. The practice has received an apology from the hospital and assurances that procedures were now in place to educate and remind hospital staff about including a copy of uDNACPRs notices in patient discharge summaries.
Out of date immunisation administered two months after expiry in error.	The practice contacted the manufacturer to investigate the impact of administering an out of date immunisation. The affected patient was contacted, apologised to and advised to have a repeat immunisation to ensure effective immunity. The practice has also commenced weekly checks of immunisation stock to monitor

	expiry dates.
Patient contacted the practice and stated they had not received a follow up call from a GP following the completion of a pain assessment two months previously.	The practice investigated and found that the assessment had been returned, scanned and added to the patient's record. However, the GP had not been informed of the assessment's return so no follow up call had taken place. It was identified that a shortage of administration staff had led to some work processes not being completed fully. A referral was immediately made for the patient, the practice has since successfully recruited more administration staff, a new workflow protocol has been developed and implemented, and a monthly audit was introduced to oversee all workflow processes to identify any errors or issues.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>We were provided with a copy of the practice's policy and protocol regarding the handling of the all safety alerts received by the practice. The initial email was either received by the designated lead on safety alerts or via the practice's generic email which was monitored by the office manager. The alerts would be reviewed and acted upon as appropriate, with actions recorded alongside the original alert. All alerts and associated actions would be stored in a central folder and then discussed at the next practice meeting.</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) (01/10/2017 to 30/09/2018) (NHSBSA)	1.65	0.75	0.81	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 (01/04/2017 to 31/03/2018) (QOF)	97.3%	82.6%	78.8%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.6% (148)	16.8%	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)	92.4%	82.5%	77.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.2% (124)	8.2%	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)	89.2%	79.4%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.2% (80)	14.9%	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)	91.3%	76.5%	76.0%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	30.9% (164)	7.6%	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)	96.4%	92.1%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.1% (53)	10.8%	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)	91.7%	82.9%	82.6%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0% (136)	3.7%	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)	90.5%	88.3%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (13)	7.7%	6.7%	
<p>Any additional evidence or comments</p> <p>The practice has since provided evidence of up to date but unverified exception reporting figures from December 2018 as follows:</p> <ul style="list-style-type: none"> • Asthma 22%, totalling 117 patients; • Hypertension 8%, totalling 74 patients; • Diabetes 12%, totalling 52 patients. 				

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) (01/04/2017 to 31/03/2018)(NHS England)	88	99	88.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	98	106	92.5%	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) (01/04/2017 to 31/03/2018) (NHS England)	99	106	93.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	100	106	94.3%	Met 90% minimum (no variation)

Any additional evidence or comments

The practice was aware of their lower uptake for some child immunisations. To promote the practice's uptake of child immunisations, the practice confirmed:

- A member of the administration team monitored and followed up any patients who had not attended for their scheduled immunisations.
- A poster display in the waiting room promoted child immunisations.
- All clinicians were encouraged to opportunistically remind parents of patients with due or overdue immunisations with pop-up reminders on the patient's record.

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)	68.7%	75.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.8%	73.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.2%	62.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	65.6%	78.8%	71.3%	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)	36.4%	48.2%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>The practice provided unverified data on the day of inspection which demonstrated their uptake of eligible women attending for cervical screening had increased this year to 73%. The practice was aware this remained below the national target of 80%, and confirmed they were taking the following actions to improve the uptake:</p> <ul style="list-style-type: none"> • The practice was in the process of training a newly employed practice nurse so that more sample takers were available; • The practice has used a locum nurse known to the practice to offer more appointments until the new practice nurse was trained and assessed to be competent in sample-taking. • All clinicians were encouraged to opportunistically remind eligible patients of their cervical screen with pop-up reminders on the patient's record. 				

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)	88.6%	93.5%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.3% (22)	10.3%	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)	91.5%	92.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.8% (19)	9.1%	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)	70.9%	84.1%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (3)	4.5%	6.6%	
Any additional evidence or comments				
The practice had not provided any information which demonstrated an improvement to the exception reporting rates for mental health indicators.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	-	-	-
Overall QOF exception reporting (all domains)	9.5%	5.6%	5.8%

Any additional evidence

The practice produced unverified data which demonstrated their current Quality and Outcome Framework (QOF) total score on the day of inspection was 443 out of 545.

Since inspection, the practice told us they felt the exceptional circumstances they experienced from November 2017 to February 2018 potentially contributed to their high exception reporting figures. Patients were informed in November 2017 of the practice's potential imminent closure which led to many patients not attending the practice for their long-term condition annual review, despite the practice sending out three invites as per their protocol. The practice told us patients were not informed of the practice's ability to remain open and continue with its usual health services until February 2018. The practice did not provide any figures to demonstrate the drop-in patient attendance for these annual reviews but they continued to read code their data correctly. This led to the practice experiencing higher than usual exception reporting data compared to previous years, which was evidenced by the practice.

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 (01/04/2017 to 31/03/2018) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.8%	94.9%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (7)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The practice confirmed they did not undertake minor surgery procedures at the practice so we saw no evidence of consent forms for contraceptive implants or coils. However, the practice nurses confirmed they used a consent form when undertaking ear syringing or childhood immunisations.

Any additional evidence

The training log provided by the practice demonstrated that not all staff were consistently up to date with

all of the practice's recommended training modules.

- For fire safety training, which was expected to be completed every two years by all staff, 17, out of the total 22 staff members, had completed this training within the previous 12 months. The remaining five, included four who had no record of completing this training and a further one staff member who was overdue their two-yearly update.
- For basic life support, which was expected to be completed annually by all staff, all 22 staff members had received their annual update in the previous 12 months.
- For Information Governance training, which was expected to be completed three-yearly by all staff, 18, out of the total 22 staff members, had a record of completing this training. The remaining four staff members had no record of completing this training.
- The practice included a specific training module regarding General Data Protection Regulations (GDPR, 2018) which had been completed by 12 members of staff.
- For Equality and Diversity training, which was expected to be completed every three years, 14 out of a total of 22 staff members had completed the training within the previous 19 months. Of the remaining eight staff, one staff member was overdue their three-yearly update and the remaining seven had no record of completing this training.
- For Mental Capacity Act training, which was expected to be completed once by all staff, or as required, 13 of the total 22 staff members had completed the training previously. Of these 13, six were clinical staff members; a further four clinical staff had no record of completing this training.
- For the Deprivation of Liberty Safeguards (DoLS) training, which was expected to be completed once by all GPs, two out of six GPs had a record of completing this training.
- Infection prevention and control training had not been consistently completed by staff.
- For training on sepsis, which was expected to be completed once by all staff, there was a record of all 22 staff members completing this training within the last six months. (Sepsis is a serious complication of an infection. Without quick identification and treatment, sepsis can lead to multiple organ failure and death).
- The training log contained evidence of additional training modules, such as health and safety, moving and handling, conflict resolution, and PREVENT. (PREVENT training is aimed at providing professionals with appropriate awareness of the risks of radicalisation and how to stop vulnerable people from being exploited). However, evidence from the training log showed these modules had not been consistently completed by all staff despite these modules being included in the practice's recommended training guidance.
- Since inspection, the practice has confirmed they were aware of the inconsistencies in their training log. The practice told us they felt the fact that the practice lost and subsequently needed to re-recruit approximately 50% of its staff had had an impact on their training records. The practice provided us with evidence to show how they intended to have all staff training records up to date by the end of March 2019.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	49
Number of CQC comments received which were positive about the service	43
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC Comments cards, NHS Choices	<p>Patients who completed positive comment cards said that all staff at the practice were professional, kind, respectful. Patients reported they felt looked after.</p> <p>Cards which contained mixed comments reported no issues with how patients were treated at the practice.</p> <p>The practice was rated three out of five stars on NHS Choices, based on 11 ratings, dating back to May 2017. Comments made by patients stated clinicians were kind and professional but some members of the reception staff had been rude or condescending towards patients in the past.</p>

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
7,638	306	115	37.6%	1.51%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	92.8%	89.3%	89.0%	Comparable with other practices

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 treating them with care and concern (01/01/2018 to 31/03/2018)	87.2%	88.5%	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)	97.7%	95.5%	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)	75.5%	84.0%	83.8%	Comparable with other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
November 2018	<p>Patients, who had attended the practice within the previous month, were asked 'Would You Recommend Our Service to Your Family & Friends?'. Responses received:</p> <ul style="list-style-type: none"> • Extremely Likely: 20 • Likely: 5 • Neither Likely or Unlikely: 1 • Unlikely: 1 • Extremely Unlikely: 2 • Don't Know: 1
October 2018	<p>Patients, who had attended the practice within the previous month, were asked 'Would You Recommend Our Service to Your Family & Friends?'. Responses received:</p> <ul style="list-style-type: none"> • Extremely Likely: 13 • Likely: 2 • Neither Likely or Unlikely: 0 • Unlikely: 1 • Extremely Unlikely: 3 • Don't Know: 2
September 2018	<p>Patients, who had attended the practice within the previous month, were asked 'Would You Recommend Our Service to Your Family & Friends?'. Responses received:</p> <ul style="list-style-type: none"> • Extremely Likely: 17 • Likely: 4 • Neither Likely or Unlikely: 1

	<ul style="list-style-type: none"> • Unlikely: 0 • Extremely Unlikely: 2 • Don't Know: 0
August 2018	<p>Patients, who had attended the practice within the previous month, were asked 'Would You Recommend Our Service to Your Family & Friends?'. Responses received:</p> <ul style="list-style-type: none"> • Extremely Likely: 13 • Likely: 6 • Neither Likely or Unlikely: 2 • Unlikely: 1 • Extremely Unlikely: 1 • Don't Know: 0

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards, NHS Choices	<p>Positive comments received from patients confirmed that patients felt involved in their care and treatment. Patients reported they had their needs and preferences listened to and staff were keen to do everything they could for patients to meet their needs.</p> <p>Cards that contained mixed comments reported no issues with patients feeling involved with the decisions about their care and treatment at the practice.</p> <p>Comments posted on NHS Choices by patients did not contain any issues with patients feeling involved with the decisions about their care and treatment at the practice.</p>

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)	94.4%	94.2%	93.5%	Comparable with other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 121 patients that were also carers. This represented approximately 2% of the practice patient's population.
How the practice supports carers	The practice offered carers a seasonal flu vaccine. The practice also provided carers with a letter and leaflets about local support available to them.
How the practice supports recently bereaved patients	The practice confirmed that a bereaved patient would be contacted, either by telephone or letter, by their named GP to offer support and information.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The practice confirmed they had recently renovated the reception and waiting area. The practice had installed a privacy screen over half of the reception area which had created a 'hub' area. The hub was used by the receptionists to deal with incoming calls and other administrative tasks without risk of patients' confidentiality being breached.</p> <p>The practice had installed an electronic sign-in device near the front entrance of the practice. It allowed patients to record their attendance for an appointment without announcing themselves at the reception desk.</p>

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.00-13.00 14.00-18.30
Tuesday	08.00-13.00 14.00-18.30
Wednesday	08.00-13.00 14.00-18.30
Thursday	08.00-13.00 14.00-18.30
Friday	08.00-13.00 14.00-18.30

Appointments available	
Monday	08:30-13:00 14:15-18:00
Tuesday	08:30-13:00 14:15-18:00

Wednesday	08:30-13:00 14:15-18:00
Thursday	08:30-13:00 14:15-18:00
Friday	08:30-13:00 14:15-18:00

Any additional evidence

The practice confirmed telephone access was still available during their lunchtime closure. Upon calling the practice, patients were advised of a bypass number that was for emergencies only. The same bypass number was available as an emergency option to local nursing and care homes throughout the day.

The practice confirmed that extended hours were not currently offered at the practice due to recent staff shortages. This was confirmed on the practice's website. However, the practice confirmed they do have access to the local GP Extended Access scheme and the practice was able to book patients into evening appointments at the Havant Health Centre and weekend appointments at the Waterlooville Health Centre.

Home visits

Y/N

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention

Yes

If yes, describe how this was done

The practice confirmed a receptionist would receive the initial request for a home visit and the request would be added to the practice's home visit list. A GP would then contact the patient to assess and triage the patient over the phone. If a home visit was required, the GP would arrange for the home visit to take place. If a home visit was deemed more appropriate for a district nurse to complete, a home visit report would be printed off and taken by hand to the district nursing office based within the same building for review and completion.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7,638	306	115	37.6%	1.51%

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)	96.5%	96.0%	94.8%	Comparable with other practices

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)	63.3%	71.7%	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)	61.5%	70.7%	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)	57.7%	64.3%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	67.0%	78.7%	74.4%	Comparable with other practices

Any additional evidence

On the day of inspection, 4 December 2018, at 12 noon, we reviewed the practice's availability for appointments. We found:

- The next available appointment with a GP was 3.30pm, while another GP had an available appointment at 3.40pm on 4 December 2018.
- The next available appointment with a practice nurse was from 4.30pm onwards on 4 December 2018.

We were informed that, if required, an unused home visit appointment could be changed into an emergency appointment with a GP, with a GP's own agreement.

Examples of feedback received from patients:

Source	Feedback
Comment cards, NHS Choices	<p>Positive comments received from patients confirmed that patients could access the practice and appointments as required.</p> <p>Cards that contained mixed comments reported that patients had experienced a wait of up to three or four weeks for an appointment. One card also contained a comment that appointments regularly ran late despite the practice's electronic sign-in system reporting no delays.</p> <p>Comments posted on NHS Choices by patients contained mixed comments regarding access to appointments. Some stated they had no issues with access either by telephone or online and they could access an appointment as required.</p>

	Other comments stated a wait of up three to four weeks for a routine appointment or struggled to get through on the telephone.
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Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	12
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice offered information to patients about how to complain about their services via a patient leaflet and via their website.	
The practice confirmed an additional member of staff was being trained to deal and manage complaints as part of the practice's drive to ensure staff were multi-skilled, and preventing one member of staff being solely responsible for one specific task within the practice.	

Example of how quality has improved in response to complaints
<p>The practice reported negative comments regarding their telephone system had been consistently received amongst their monthly Friends and Family Test from April to June 2018.</p> <p>As a result, the practice investigated and authorised the installation of a new telephone system in September 2018. The new system allowed for multiple incoming calls to be answered at the same time and a queuing system. The new system also encouraged patients to identify themselves as an emergency if required and an alternative option was provided for this priority. The practice had not assessed if an improvement in patient experience regarding the new telephone system had been achieved.</p>

Any additional evidence
<p>The practice provided evidence of a quarterly newsletter which they created to keep patients up to date regarding the practice. We saw evidence of information regarding seasonal flu clinic, national awareness campaigns calendar dates and a welcome to new staff members. The newsletter also included a 'You asked...We responded' section which for September featured information about the new telephone system.</p> <p>The waiting room contained themed notice boards for patient information to be displayed. Examples included a carers board, a board for young persons, a health promotion board, and a board confirming appropriate uses of 999 and the local Accident and Emergency department. There was also a patient participation group board which, at the time of the inspection, contained information requesting patients to join the group and help the practice to access patient feedback.</p>

Well-led

Leadership capacity and capability

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

The practice confirmed a new partnership structure was in place following the sudden early retirement of their previous senior GP partner. The new practice partnership consisted of two clinical partners and one non-clinical managerial partner. However, the practice had not yet formally applied to have the non-clinical partner added to their Care Quality Commission (CQC) registration.

The practice was also still in the process of confirming a new Registered Manager with the CQC following the retirement of their senior GP who was Registered Manager as well. (A Registered Manager is an identified professional who is responsible for the carrying out of the regulated activities at a practice. A GP practice is required by their CQC registration to have a Registered Manager in post). A formal notification of the practice's intention to make an application for a new Registered Manager was submitted to CQC as of 3 January 2019.

The practice confirmed two of its previous GP partners were continuing to work at the practice as salaried GPs so the practice had been able to retain a level of patient knowledge and continuity of care for their patients despite the changes in their leadership structure.

Any additional evidence

The practice confirmed that due to the dissolution of its previous partnership structure, the practice had handed back their contract to the local clinical commissioning group (CCG) which allowed them to offer healthcare services to their practice population. It was at that point that the new partners were identified and the CCG contract was returned to the practice.

During that time, the practice experienced the loss of approximately 50% of its workforce, including administrative and reception staff. However, since then the practice confirmed they have recruited several new GPs, a new practice nurse and several non-clinical staff to support the staff that had stayed.

Since inspection, the practice provided evidence of a Service Level Agreement between itself and Partnering Health Ltd (PHL), approved as of 1 October 2018. The agreement outlined how PHL would offer support services to The Staunton Surgery moving forward. The agreement stated PHL would support the practice with the provision of human resources advice, guidance and management; the provision of financial services, including payroll services; as well as the provision of logistical service support such as the management of supplies and stores. The agreement also outlined the provision of clinical quality and governance oversight and integration as well as business development support. The practice in return would be responsible for all service costs, representation of patients and attendance at quarterly service reviews, which the practice manager confirmed they had already started attending.

Vision and strategy

Practice Vision and values

The practice provided evidence of their vision and values via their Statement of Purpose. The practice followed the ethos of providing 'cradle to the grave' healthcare for their patients.

Culture

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

The practice had employed an advanced nurse practitioner to supplement the practice's clinical team.

The practice had maintained personalised lists to ensure continuity for their patients. Clinicians confirmed they knew their patients and could provide the care their patients needed based on that knowledge.

Following the recent experience of losing approximately 50% of their workforce, the practice had realised that it would be beneficial for staff members, particularly non-clinical staff, to be multi-skilled to ensure future cover for certain roles could be provided when staff were absent. As a result, all non-clinical staff had been or were in the process of being trained to undertake a variety of reception or administrative roles, such as scanning, read-coding, processing prescription requests.

The practice has successfully recruited new clinical and non-clinical staff, including new GPs, to replenish their workforce.

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

Source	Feedback
Staff interviews	Staff confirmed they felt valued, and were supported to extend their roles to suit their own skill sets, as well as develop new ones. Staff stated managers and GPs operated an open-door policy and were available for support and advice as required.
Staff questionnaires	Staff reported the practice was friendly and supportive. Staff who had joined the practice recently stated the practice as forward-thinking but still patient-centred. Staff wished to retain their 'small practice' status to ensure their patients had the care they wanted rather than join a larger practice system.

Any additional evidence

The practice had made arrangements for non-clinical staff to wear uniforms at the request of staff themselves. Initially only intended for reception staff, uniforms had now been extended to include administrative staff as well. Staff reported they felt uniforms made them feel part of a team together, and they took pride in wearing them.

Governance arrangements

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

Practice specific policies	We reviewed six policies used by the practice, such as repeat prescribing, infection prevention and control, safeguarding, recruitment and staff training, and prescription storage. All had been reviewed within the previous twelve months and had a next review date indicated.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Self-closing doors identified as being restricted to self-close by latches or catches.	The practice had referred the issue surrounding their self-closing doors to NHS Property Services to action.
Fire doors free from wedges.	During the day of inspection, a visual check of the premises demonstrated that fire doors were no longer being wedged opened.

Appropriate and accurate information

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

Any additional evidence
The practice was still in the process of confirming a new Registered Manager with the Care Quality Commission (CQC) following the sudden early retirement of their previous Registered Manager.

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice confirmed they did not have an active patient participation group (PPG). However, the practice also confirmed that creating an active PPG was high on their agenda for 2019. We saw evidence of posters in the practice waiting room advertising the group to patients.

Continuous improvement and innovation

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

Audit area	Improvement
Prescribing of Zopiclone	Initial audit in May 2017 identified 57 patients had been prescribed Zopiclone as an acute medication in the previous six months. (Zopiclone is used in the treatment of insomnia). Of those 57, 27 patients, approximately 47%, were deemed to have been inappropriately prescribed it and all 57 patients had inappropriate directions on the prescriptions. This audit also identified a further 47 patients who were receiving Zopiclone as a repeat prescription. Clinicians at the practice were reminded on the appropriate prescribing guidelines for Zopiclone, in line with the British National Formulary.

A repeat audit in June 2017 identified 64 patients had been prescribed Zopiclone as an acute medication in the previous six months and only four of those patients, approximately 6%, had been prescribed inappropriately. A further 48 patients were receiving the medicine as a repeat prescribing and only one patient was being prescribed it inappropriately.

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:

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](#)).