

Care Quality Commission

Inspection Evidence Table

Rainworth Surgery (1-3617266409)

Inspection date: 17 April 2018

Date of data download: 04 April 2018

Safe

Safety systems and processes

Source	
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. They 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)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. 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
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection test:	Yes 12.3.2018
There was a record of equipment calibration Date of last calibration:	Yes 13.3.2018
Risk assessments were in place for any storage of hazardous substances e.g. storage of chemicals	Yes
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	Yes 17.7.2017
Actions were identified and completed. The initial comprehensive fire risk assessment had been reviewed and updated in 2017 by the site management. Some actions remained in progress. The practice had access to this information and met with the landlords to discuss and review site-related matters. The next meeting was arranged for May 2018.	Yes
Health and safety Health and safety risk assessment and actions including premises Date of last assessment:	Yes 20.7.2016

<p>Infection control</p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>Full audits were being undertaken quarterly and we saw that actions were undertaken to address any issues that were identified. We observed that as a relatively new building with high levels of ongoing maintenance by the landlord, the environment created minimal risk in terms of infection control. The practice also had a range of infection control policies to ensure that clinical practice complied with infection control standards.</p>	<p>Yes</p> <p>14.12.17</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' symptoms that might be reported by patients and how to respond.	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 NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) _(NHSBSA)	1.13	1.08	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) _(NHSBSA)	8.3%	8.3%	8.9%	Comparable to other practices

Medicine Management	
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 PGDS or PSDs).	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
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
The practice held appropriate emergency medicines	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 The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Track record on safety and lessons learned and improvements made

Significant events	
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.	12
Number of events that required action	11

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
An error was discovered on a patient's prescription.	The procedure was reviewed and GPs were sent a task on the internal computer system to check and authorise all changes to prescription medicines.
A vial (a vessel used for samples) was found to be out of date when being used for a cervical smear procedure.	A new system was implemented to ensure that monthly checks of expiry dates on consumable items were undertaken and recorded.

Safety Alerts	
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>The practice provided us with a policy which described a safe process for the receipt, distribution and outcomes of alerts. We saw evidence that actions had been taken to keep patients safe. The practice showed us a log that was introduced in April 2018 to provide accessible evidence and a clear audit trail for relevant MHRA alerts received.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.29	0.78	0.90	Comparable to other practices

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)	70.0%	84.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (17)	16.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	80.1%	75.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (23)	12.6%	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)	74.9%	83.9%	80.1%	Comparable to other practices
QOF Exceptions	13.7% (56)	14.8%	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. (01/04/2016 to 31/03/2017) (QOF)	87.7%	79.8%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (61)	10.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken 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)	91.1%	91.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (22)	14.6%	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 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	90.5%	85.7%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.3% (52)	5.6%	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)	89.5%	91.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (8)	7.3%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	69	70	98.6%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	72	76	94.7%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	71	76	93.4%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	71	76	93.4%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	76.8%	77.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.9%	80.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	61.6%	62.7%	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)	56.3%	62.2%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.5%	92.4%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.5% (5)	21.4%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	94.7%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.2% (6)	19.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	83.0%	83.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.0% (9)	8.8%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547	548	539
Overall QOF exception reporting	7.1%	6.1%	5.7%

Effective staffing

Question	
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	No
Staff had access to appraisals and clinical supervision. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses.	Yes
<p>If no, please explain below:</p> <p>The two health care assistants had not completed the Care Certificate, including one who had been appointed since April 2015. However, the provider confirmed that both staff had been signed up with a training provider to complete this course following our inspection.</p> <p>Any further comments or notable training.</p> <p>A practice nurse was attending training to become an advanced nurse practitioner. This was part of the practice strategy to enhance skill mix arrangements and offer further prescribing capacity. The nurse was participating in observation sessions with GPs and more formal supervision/mentorship arrangements were to be organised as the training evolved.</p> <p>The CCG medicines management pharmacist visited the practice regularly. The pharmacist assisted clinicians with medicines queries and contributed to other issues including reviews of care home prescribing.</p>	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.2%	96.5%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (12)	1.6%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
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)	40.5%	47.7%	51.6%	Comparable to other practices

Any additional evidence

The practice encouraged self-referral to services such as musculoskeletal physiotherapy and talking therapies to promote good physical and mental health. Patients could also be referred into educational programmes for newly diagnosed diabetes; assistance with weight management; smoking cessation; and alcohol and substance control.

Of 158 invitations sent out for the NHS health check between April-October 2017, 69 patients had attended for a review which was 48%.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	38
Number of CQC comments received which were positive about the service	33
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards	<p>A number of comment cards we received stated that patients felt they were treated with dignity and respect, and were given time to discuss their concerns during the consultation. This was mostly reflected in feedback from patients we spoke with on the day of the inspection, although two of the 13 patients said they sometimes felt rushed during their appointment.</p> <p>We received four comment cards from healthcare staff who worked with the practice. All four commented on a very helpful and caring practice team who supported their work and acted with professionalism.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,989	230	1.8%	107	46.52%

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) (GP Patient Survey)	73.1%	76.4%	78.9%	Comparable to 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) (GPPS)	89.7%	89.2%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	98.2%	95.9%	95.5%	Comparable to 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 treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	85.6%	85.4%	85.5%	Comparable to 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) (GPPS)	86.9%	91.6%	91.4%	Comparable to 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) (GPPS)	84.2%	91.1%	90.7%	Comparable to other practices

The practice carried out its own patient surveys, most recently this was completed in May 2017

Date of exercise	Summary of results
May 2017	The practice ran an internal survey to compliment the national GP patient survey. We saw the most recent results from the May 2017 survey. The practice displayed a 'you said....we did' notice in the reception area to show what had been done to areas that had been highlighted within the responses. For example, the reception team tried to ensure that patients without online access to booking an appointment were not disadvantaged. Therefore, an appointment could be offered to them in an available online slot with management approval.

Any additional evidence
There was a suggestion box available and comments were reviewed by the practice with their PPG.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and comment cards	Feedback mostly indicated that patients felt they had an opportunity to discuss the options available to meet their particular needs. The majority of patient said that the benefits and potential side-effects/risks associated with particular medicines was discussed with them.

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) (GPPS)	87.1%	86.2%	86.4%	Comparable to 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) (GPPS)	79.4%	81.1%	82.0%	Comparable to 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) (GPPS)	82.4%	88.9%	89.9%	Comparable to 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) (GPPS)	72.1%	84.9%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.

Information leaflets were available in easy read format.

Information about support for carers was available on the practice website, although this did not include information on locally based support services and carers' groups. However, the nominated practice carers champion was able to provide this information to patients and their families/carers.

Carers	Narrative
Percentage and number of carers identified	The practice had identified 55 patients as carers. This was 0.9% of the practice population.
How the practice supports carers	The practice had two carers' champions. Carers were identified at registration or through discussion at regular multidisciplinary meetings. Information was available on local services that were available to support carers. The carers champion would meet with carers when this was requested. The practice told us about plans to strengthen communication with the local carers' federation and to consider developments about their continued engagement with carers. The location manager told us about some plans to invite representatives of organisations such as the Parkinson's Disease Society and Alzheimer's Society into the practice to talk to patients and their carers.
How the practice supports recently bereaved patients	Recently bereaved patients were offered support and could be referred, or advised, how to access bereavement support if this was required.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The reception area was spacious and patients awaiting their appointment were sat away from the desk.</p> <p>When speaking on the telephone, staff were sensitive towards confidentiality. For example, they did not repeat any personal information whilst speaking on the telephone to prevent this being overheard by others.</p> <p>A private room was available if patients were distressed or wanted to discuss sensitive issues.</p>

Consultation and treatment room doors were closed during consultations.

Examples of specific feedback received:

Source	Feedback
Patient comment cards and patient feedback during inspection.	Many cards included comments that patients felt they were treated in a respectful and dignified manner, and this was reflected in discussions with patients on the day of the inspection.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm
The practice funded cover from the out-of-hours service from 6pm as practices are usually contracted to open until 6.30pm.	
Appointments available	
GP appointments	8:30am-12 noon; 2pm-5.30pm
Nurse appointments	8:30am-12:00 noon (8am on Wednesday); 2pm - 5pm
Extended hours opening	
The practice opened on a Saturday morning once a month	08:30-12:30
Patients were able to access appointments at two nearby surgeries from 6.30pm-8pm Monday to Friday. These appointments could be booked via Rainworth Surgery's reception.	

Home visits	
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 operated a GP triage appointment system Monday to Friday. If patients requested a home visit, the GP would review the request and arrange for a home visit if this was clinically appropriate.	
The practice had access to a home visiting service commissioned by their CCG called Primary Integrated Community Services (PICS). This service consisted of advanced nurse practitioners and emergency care practitioners provided an acute home visiting service for all GP practices within the CCG aimed at avoidance of hospital admission. When capacity was reached, GPs would visit any other patients who needed to be seen.	

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 were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	63.4%	78.6%	80.0%	Variation (negative)
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)	62.5%	63.8%	70.9%	Comparable to 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)	65.4%	75.0%	75.5%	Comparable to 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)	58.4%	68.2%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC patient comment cards	Patients were very positive about the GP triage system for appointments which was introduced in September 2016 following the demerger. This was introduced in response to a high demand for appointments and the recognition for radical change. Although one patient said they did not like this system, 29% of the cards received from patients included positive comments about this and felt that it was a significant improvement.
NHS Choices	Three comments had been posted on the NHS Choices website in the last 12 months. This included one comment about poor access

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.

Information was available to help patients understand the complaints system.

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We observed that the practice's complaint policy and procedure was in line with recognised guidance. The examples we reviewed were dealt with in appropriate timescales, included an investigation of the events which led to the complaint, offered an apology where this was appropriate, and gave an indication of the learning applied as a result of the complaint.	

Any additional evidence
The practice was part of a LIFT (Local Improvement Finance Trust) building constructed in 2007. The premises were built and maintained to a high standard offering a spacious and pleasant environment for patients. The site was fully compliant with the requirements of the Equality Act 2010. The building included an independent pharmacy and hosted a number of community teams (for example, health visitors and district nurses) which ensured effective and regular communication with the practice to benefit the coordination of patient care. The building offered access to bookable meeting and training rooms, and rooms were available for visiting clinicians and services improving access for patients and the wider local community.

Well-led

Leadership capacity and capability

Vision and strategy

Practice vision and values
The partners were able to articulate their vision. For example, they emphasised the importance of forward succession planning to ensure the continuity of service for patients. There was no written vision or mission statement available, but the practice's statement of purpose contained objectives for the service. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. There was a formal governance structure to ensure priority areas were highlighted and action was taken when this was appropriate.

Culture

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

Source	Feedback
Staff	Staff we spoke with on the day of the inspection told us that partners and managers were approachable and encouraged them to raise any issues. They told us that issues were addressed.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff	A change was made to the way incoming calls were dealt with to improve response times.
Staff	Reception staff had highlighted difficulties in covering all essential duties when covering for colleagues who were on leave. This was under review and a new member of staff had been allocated some additional hours to help address this.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example

Examples of concerns raised by staff and addressed by the practice

The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Yes
Staff we spoke with were aware how to raise concerns. They had access to a practice whistleblowing policy.	

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
	Recognition of good work encouraged via positive feedback forms completed by patients.
	Flexibility of work patterns to accommodate difficult and temporary personal circumstances

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff and records	The practice had an up to date Equality and Diversity Statement which reflected current guidance and legal requirements, and this was updated on an annual basis. This applied to partners, employees, and applied to others working within the practice such as temporary staff and contractors.
Staff	Staff told us there was an inclusive approach within the practice, and they told us that they were treated equally.
Training records	Staff were encouraged to complete training in equality and diversity. We found that not all members of the team had undertaken this training, but the practice confirmed with us that this was being followed up to ensure staff accessed the appropriate learning.

Examples of actions to improve quality in past 2 years

Area	Impact
Staff	We saw some examples of audit and evidence of action taken to improve quality.

Examples of service developments implemented in past 2 years

Development area	Impact
Access to appointments	The practice had revised their appointment system in response to patient feedback and a GP triage system was widely recognised as an improvement by patients.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Positive feedback forms were available in reception.	The cards provided an opportunity for patients to praise or pass thanks to an individual member of staff or to the wider practice team. This ensured that there was a facility to capture positive feedback and boost staff morale.

	Suggestion box	The practice also used the 'you said....we did' poster to feedback to patients. A recent example included moving the chairs away from the reception desk to give more space and aid privacy.
Staff	Staff meetings; appraisals	Appraisals took place annually and we saw that these were used to promote development and highlight good work. Staff meetings took place monthly where the team reviewed any issues arising and agreed a way forward. Staff told us they were confident to raise any concerns and felt that these were listened to and acted upon appropriately.
External partners	CCG meetings and engagement with local practices	A GP partner sat on the CCG Board and helped to shape local developments.

Feedback from Patient Participation Group;

Feedback

We met with three members of the patient participation group on the day of our inspection. The PPG told us that they had made suggestions which had been taken on board by the practice. Meetings took place every six weeks. The PPG felt that dialogue with the practice had changed over recent months, and felt that there needed to be a redefining of their role with more clear objectives for the future. The practice was aware of this and told us that they intended to discuss a way forward with their PPG.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
PPG	Involvement in practice patient surveys

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Development of advanced nurse practitioner role	Better access to assessment and treatment, and more prescribing capacity in the practice.

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

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>