

Care Quality Commission

Inspection Evidence Table

Peacock Practice (1-1524716326)

Inspection date: 14 May 2018

Date of data download: 04 May 2018

Safe

Safety systems and processes

Source	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. 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, including locum 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	Y/N
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, locums and volunteers).	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 and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>The system for checking the registration of clinical staff was not formal, but there was a verbal agreement that clinicians would keep their registration updated and provide copies to the practice. This was discussed at the inspection and the practice manager said that he would add an electronic reminder to improve the system.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person	Yes
Date of last inspection/Test:	8/11/2017
There was a record of equipment calibration	Yes
Date of last calibration:	8/11/2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, 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	Yes
Date of completion	1/12/2017
Actions were identified and completed.	No actions identified
Additional observations: Good signage for fire safety. Well maintained premises	
Health and safety	
Premises/security risk assessment?	Yes
Date of last assessment:	3/11/2015
Health and safety risk assessment and actions	Yes
Date of last assessment:	3/11/2015
Additional comments: The practice manager had a good understanding of health and safety, risk assessments were done individually, not as one single assessment. Examples included hard wire testing, asbestos testing, lone-working.	

Infection control	Y/N
<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>We saw evidence the infection prevention and control (IPC) lead conducted IPC audits every three months; the clinical lead was the practice nurse. No areas for improvement were indicated.</p>	<p>Yes</p> <p>April 2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Any additional evidence
<p>We saw comprehensive policies and procedures for control of infection and staff demonstrated good knowledge of these. The building was found to be in a good state of repair and cleaning standards were high.</p>

Risks to patients

Question	Y/N
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' sepsis 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

Question	Y/N
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
<p>*There was a backlog of filing correspondence but checks done on those documents found that required actions had been completed.</p>	

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)	1.05	1.03	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)	7.3%	9.6%	8.9%	Comparable to other practices

Medicine 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 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
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 CD 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. 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 GMC 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 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	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.	2
Number of events that required action	2

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

Event	Specific action taken
A patient had an adverse reaction to an opiate (a strong medicine to treat pain).	The practice spoke with the patients, sought advice on alternative treatment and discussed the event with colleagues at a clinical meeting. The system for flagging allergies was changed to make it more conspicuous.
The practice recorded a safeguarding concern as a significant event.	Discussion was held with colleagues and an appointment was requested with the family of a child with recurrent infections.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: The practice had established a clear protocol and system to manage alerts following the previous inspection. Checks were carried out on recent alerts and appropriate action had been taken when required.	

Any additional evidence
No

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)	1.26	0.70	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)	75.3%	76.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (19)	8.5%	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)	80.6%	76.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (16)	8.5%	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)	83.5%	80.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (38)	13.1%	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)	74.7%	75.9%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.4% (5)	3.1%	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)	91.5%	90.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.0% (8)	9.7%	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)	82.7%	84.8%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (19)	3.4%	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)	85.9%	88.8%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (6)	10.1%	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)	70	76	92.1%	Met 90% Minimum (no variation)
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)	56	62	90.3%	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) (01/04/2016 to 31/03/2017) (NHS England)	55	62	88.7%	Below 90% Minimum (variation negative)
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)	55	62	88.7%	Below 90% Minimum (variation negative)

The most recent data highlighted that the practice had improved the uptake figures for immunisation of 2 children aged two. The data showed that uptake rates had increased to 94.2% and 92.8% respectively for the above indicators.

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)	81.6%	79.6%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.4%	78.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.3%	62.5%	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)	65.5%	63.8%	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)	72.2%	83.6%	90.3%	Variation (negative)
The practice had made improvements for the most recent QOF year achieving 94% for the corresponding indicator (01/04/2017 to 31/03/2018) (QOF not yet published data)	94%	Not available	Not available	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (10)	15.1%	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)	81.6%	91.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.4% (8)	12.8%	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)	80.0%	87.5%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (3)	6.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	516	536	539
Overall QOF exception reporting	3.8%	4.3%	5.7%

Effective staffing

Question	Y/N
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. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. 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, paramedics, pharmacists and physician associates.	Yes

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)	96.6%	95.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (4)	0.7%	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)	52.4%	57.2%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice did not carry out minor surgery so there was no standard consent form used. Any consent required was recorded on the patient's notes.

Any additional evidence

No

Caring

Kindness, respect and compassion

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

The inspection was done on short notice so no comment cards were sent out.

Examples of feedback received:

Source	Feedback
Interviews with patients	The practice treats everyone with dignity and respect and as an individual.
NHS Choices	Whenever I call the surgery the receptionists are always polite, courteous and helpful.
NHS Choices	I would like to thank all the staff for the wonderful service they give.
NHS Choices	I could not wish for better care from a doctor and a lovely nurse, even the receptionist was caring and lovely.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,600	313	5.6%	141	45%

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)	73.6%	75.5%	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)	81.1%	87.8%	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)	92.5%	95.8%	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)	77.3%	85.0%	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)	95.6%	91.3%	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)	91.1%	90.2%	90.7%	Comparable to other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Date of exercise	Summary of results
N/A	N/A

Any additional evidence
No

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
NHS Choices	I would like to thank Peacock Healthcare Surgery, in particular the reception staff, for the most appropriate advice given to me when I recently visited to arrange care for my wife as she was suffering from shortness of breath and chest pains.

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)	74.5%	85.0%	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)	73.1%	80.3%	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)	92.7%	90.8%	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)	85.4%	85.2%	85.4%	Comparable to 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	108 patients had been identified as carers, equivalent to 1.9% of the practice list size
How the practice supports carers	The practice had appointed two carers' champions. The practice offered health checks and flu immunisation to those who had been identified as carers. There was a dedicated area in the waiting room for carers that provided information and the practice had adopted the 'carer's card scheme', a scheme that offered discounts on certain products and services. The Carers' Federation Ltd had approved the practice in March 2017; this was in recognition that staff had completed carers awareness training, there was a clear pathway identified for carers within the practice and staff were found to be effectively referring carers for information and support.
How the practice supports recently bereaved patients	There was an informal process of support that included a call from a GP to offer support to members of the family.

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	The seating area for patients was set back from the reception desk, and a sign asked patients to stand back from the desk. Background music was played and telephone calls were fielded in a separate room to the reception desk and therefore could not be overheard.

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

Examples of specific feedback received:

Source	Feedback
Staff interviews	Staff told us patients who required a confidential conversation or who were made anxious by waiting in a busy waiting area could wait in a separate room.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-12:30
Friday	08:00-18:30

Appointments available 8am to 5.50pm

Extended hours opening not offered

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	
All requests were recorded on the clinical system and referred to a GP upon receipt. The GP then assessed the need to visit and urgent home visits would be provided if required.	

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)	76.1%	78.1%	80.0%	Comparable to other practices
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)	49.9%	66.8%	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)	62.0%	77.9%	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)	67.6%	71.4%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Friends and Family Test	A summary of the last four months showed that of 38 responses, 35 patients said they were extremely likely or likely to recommend the practice to family and friends.
NHS Choices	You can rarely get an appointment.
NHS Choices	I can never get an appointment.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	5
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:	
Only one complaint has been received in 2018. This was not a complaint against the practice but against a medication not available on the National Health Service.	

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The practice had a strategy and a supporting business plan.

Vision and strategy

Practice Vision and values
The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

Culture

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

Source	Feedback
Interviews with staff	Staff we spoke to told us they felt they were a good team that worked well together and was supported by management. They said the GPs and practice manager were approachable and helpful. Staff told us they felt the practice was open in its approach and friendly.

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

Source	Example
Interviews with staff	Background music was introduced into the reception area to promote patient confidentiality.

Example of the practice responding to incidents and concerns and how they communicate with patients and those involved

Source	Example
Significant event summary	The practice contacted a patient who had been prescribed a medication for which they had an allergy

Examples of concerns raised by staff and addressed by the practice

Source	Example
Interviews with staff	Due to locum GPs cancelling clinics at short notice, alternative locum GPs were sourced.
Interviews with staff	Spirometer had stopped working, concerns raised and a new machine was supplied on loan until a new one was delivered.
The practice's speaking up policies were in line with the NHS Improvement National Policy for raising concerns (whistleblowing).	Yes

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

Source	Example
Interviews with staff	There was a practice policy to have no lone working.
Interviews with staff	A member of staff displaying symptoms of breathing difficulties was tested, given time off to recover and monitored upon their return.

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

Source	Example
Practice training records	All staff were required to complete equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit summary	The practice had completed an audit where all patients with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) had been reviewed. There had been a recent influx of patients following the closure of a nearby surgery, approximately half of the DNACPRs required updating, and these had all been completed.
Antibiotic prescribing	The practice had achieved a reduction in the prescribing of antibiotics through good antimicrobial stewardship that included regular monitoring and the use of back-up (delayed) prescriptions for some patients.
QOF performance	The overall achievement had increased from 85% in 2015/16 to 94% in 2016/17 and to 97% in 2017/18. In particular patients experiencing poor mental health and who had an agreed care plan reviewed in the last 12 months had improved from 72% in 2016/17 to 94% in 2017/18.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Complaints and significant events were seen to have been discussed at practice and clinical meetings.
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 plan in place	Yes
Staff trained in preparation for major incident	Yes

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	<p>Feedback forms and suggestions box in the waiting area.</p> <p>Engagement with the patient participation group (PPG). The PPG had a dedicated notice board in the waiting area and other notice boards were well positioned and had clear information for patients.</p> <p>Practice newsletter.</p>	<p>The practice recognised telephone access to a common theme in complaints. Following discussion with the practice, a new system was implemented that allowed multiple calls to be managed through an automated queuing system.</p> <p>The patient group told us that they engaged in health awareness events; for example; an event in dementia awareness, planned for June 2018, included the PPG attending the practice for three days to offer advice and support.</p>
Public	Practice website. NHS Choices	The practice invited patients with concerns or complaints to meet face to face in order to discuss in more detail.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings.	Meeting as a locality helped to map out service provision and plan for future developments.

Feedback from Patient Participation Group;

Feedback
The patient participation group (PPG) spoke positively about the service provided by the practice. They said that staff were kind, caring and generous with their time; people are treated as individuals and respected. The PPG said that they particularly welcomed the holistic services provided by the practice to support the wellbeing of patients.

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

Examples	Impact
Online services trialled and promoted through the patient group.	Reduction in the need to contact by telephone. Patients able to order repeat prescription online.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had initiated the takeover.	The takeover was deemed a necessary step to safeguard the long-term future of the practice. Financial difficulties had made the practice vulnerable so steps were taken to safeguard the future of the facilities for patients.
The practice provided holistic therapies such as yoga and Pilates to patients.	Patients were able to attend the practice and receive holistic therapies at no cost.

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>