

# Care Quality Commission

## Inspection Evidence Table

**Dr Philip Mackney (1-494192219)**

Inspection date: 5 April 2018

Date of data download: 2 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, 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	
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
Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes March 2018

There was a record of equipment calibration Date of last calibration:	Yes February 2018
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 Date of completion:	Yes June 2017
Actions were identified and completed. For example, to complete portable appliance testing (PAT) and complete and record practice fire drills and evacuations.	Yes
Additional observations: All staff had undertaken fire awareness training and those we spoke with on the day knew who the fire marshals were and the location of the fire evacuation point.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes October 2017
Health and safety risk assessment and actions Date of last assessment:	Yes October 2017
<b>Infection control</b> Risk assessment and policy in place Date of last infection control audit: The provider acted on issues identified. For example: <ul style="list-style-type: none"> <li>• The practice maintained a register of immunisation for staff in direct patient contact in line with the Green Book (Chapter 12).</li> <li>• Chairs in clinical areas had been replaced with non-porous wipeable materials.</li> <li>• Foot-operated bins for domestic waste provided for all clinical rooms.</li> </ul>	Yes February 2018 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

### 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' sepsis symptoms that might be reported by patients and how to respond.	No
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
Explanation of any 'No' answers:  Reception staff we spoke with were aware of 'red flag' symptoms, for example, shortness of breath and chest pain. However, not all staff were able to demonstrate a clear understanding of 'red flag' sepsis symptoms and how to respond. The lead clinician confirmed that there had been no formal training for reception staff on the signs of sepsis.	

### 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)	0.86	0.61	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)	6.5%	10.4%	8.9%	Comparable to other practices

<b>Medicine Management</b>	
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.	No
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 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
Explanation of any 'No' answers:  The practice had not established any links with the NHS England Area Team CD Accountable Officer but told us at the inspection that they would establish a link.	

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

<b>Significant events</b>	
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.	8
Number of events that required action	8

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

Event	Specific action taken
Duplication of medicine entered on the electronic patient record in its clinical system.	Investigated why the clinical system did not flag a warning that a duplicate medicine had been added. Investigation showed that a warning had been flagged but not all doctors were familiar with the format of the warning as it was different to the previous clinical system used. Discussed in clinical meeting and information distributed to all staff to enable them to be familiar with the warning system when adding medicines. Practice reported to incident to the provider of the clinical system.

Safety Alerts	
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:	
All alerts are received by email to the Lead GP, Practice Nurse and Practice Manager and cascaded to the clinical team. The Lead GP and Practice Nurse, as appropriate, review the alerts to ascertain if they are relevant to the practice. Any patient searches are undertaken by the Lead GP. Outcomes are discussed in clinical meetings. Clinical staff we spoke with confirmed the process and were able to give examples of recent alerts.	

## Effective

### Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	2.71	0.96	0.90	Variation (negative)

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)	64.4%	77.0%	79.5%	Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (12)	11.4%	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 <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	59.0%	76.9%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (15)	9.4%	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 <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	66.8%	78.2%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (19)	11.7%	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. <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	73.3%	77.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (2)	4.3%	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 <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	43.7%	89.1%	90.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (3)	10.0%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	71.2%	80.4%	83.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (13)	4.0%	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. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	74.5%	87.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.8%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	35	35	100.0%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	38	48	79.2%	80% or below Significant variation (negative)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	39	48	81.3%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	40	48	83.3%	Below 90% Minimum (variation negative)

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 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	64.2%	55.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	55.9%	56.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	36.7%	38.4%	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)	61.5%	64.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	59.3%	89.2%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (1)	8.8%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	67.9%	90.6%	90.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (1)	6.8%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	75.8%	86.6%	83.7%	Comparable to other practices



QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	2.9% (2)	6.4%	6.8%

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	474	525	539
Overall QOF exception reporting	3.7%	5.8%	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.	NA
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)	93.4%	94.3%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	England comparison
	0.8% (8)	1.0%	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) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	80.0%	50.3%	51.6%	Comparable to other practices

### Any additional evidence

We saw that QOF achievement for 2016/17 was 85%, which was below the CCG average of 94% and the national average of 97% and a fall on the practice's achievement at our previous inspection. The practice told us that they had taken a more systematic approach to QOF for 2017/18 and allocated leads to all clinical areas, changed the method of its recall system and undertaken clinical audits in relation to some QOF indicators where patient outcomes were low. We reviewed unvalidated QOF data for 2017/18 and saw some improvements had been made for patients with long term condition and mental health.

## Caring

### Kindness, respect and compassion

CQC comments cards	
Total comments cards received	21
Number of CQC comments received which were positive about the service	20
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
CQC comment cards	<p>Patient feedback from the CQC comment cards was that the practice offered an excellent service, staff were helpful, friendly and they felt treated with dignity and respect. For example:</p> <p>‘Very good service starting from reception desk to GP.’</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,434	388	2%	100	25.77%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	82.1%	82.9%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.0%	89.7%	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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.8%	95.4%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.3%	86.5%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.7%	86.5%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.7%	87.1%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises No

Any additional evidence
The practice actively sought patient feedback through the NHS Friends & Family Test (FFT). Results for the period January to March 2018, based on 135 responses, showed that 92% of patients would be extremely likely or likely to recommend the service.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient	We spoke to a member of the patient participation group (PPG) who told us the practice offered personalised care and they felt the doctors involved them in their care and treatment.
NHS Friends and Family Test	'Doctors are polite. Explain about any treatment you may need.'

## 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.7%	87.5%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.2%	83.0%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	84.5%	84.3%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.3%	80.1%	85.4%	Comparable to other practices

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 72 carers on its carers' register which was 1.6% of the practice population. At our previous inspection the practice had identified 19 patients as carers, 0.4% of the practice population. Since our last inspection the practice had undertaken a review of its systems to identify carers and engaged with Carers Network for information and literature.
How the practice supports carers	The practice offered its carers an annual influenza immunisation and signposted them to appropriate support services.
How the practice supports recently bereaved patients	The practice would offer telephone support, a consultation or home visit. The practice told us they would signpost patients to the appropriate support services.

### Privacy and dignity

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 waiting room was away from the reception desk which meant conversations could not be overheard. Medical records and prescription pads were stored securely behind the reception desk which was accessible by keypad access only.

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
CQC comment cards	'I have been treated exceptionally well, both respectfully and with dignity, by both the reception and medical staff.'

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:15-17:00
Tuesday	08:15-17:00
Wednesday	08:15-17:00
Thursday	08:15-13:00
Friday	08:15-17:00

**Appointments available:** Appointments are available with a doctor in the morning from 8.40am to 11.30am and in the afternoon from 2.30pm to 4pm except Thursday when the practice is closed.

**Extended hours opening:** Not currently offered. However, patients have access to two GP hub services offering appointments from 6pm to 9pm Monday to Friday and from 8am to 8pm on Saturday and Sunday. These appointments are bookable through the practice and we saw this was advertised in the waiting room and on the practice website.

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	
Home visit requests were communicated to the clinicians by reception staff who phoned the patients to prioritise need. Reception staff did not triage patients.	

## 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)	75.1%	82.0%	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)	92.2%	84.0%	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)	76.4%	78.1%	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)	86.5%	77.4%	72.7%	Comparable to other practices
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Examples of feedback received from patients:

Source	Feedback
CQC Comments Cards	'I can usually get an appointment at an appropriate time'.
Patient	'I can get an appointment when I need one.'
NHS Friends and Family Test	'Not a problem to get an appointment.'

### Listening and learning from complaints received

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

Information was available to help patients understand the complaints system. Yes

Complaints	
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:	
The practice investigated complaints in a timely way. There was evidence of shared learning and action taken to prevent recurrence.	

# Well-led

## Leadership capacity and capability

### Vision and strategy

Practice Vision and values
‘To provide our patients with personal health care of high quality and to seek continuous improvement on the health status of the practice population overall which we aim to achieve by developing and maintaining a happy sound practice which is responsive to people’s needs and expectations.’

### Culture

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

Source	Feedback
Staff Interview	‘Good teamwork. I feel supported by my manager.’
Staff Interview	‘Very good relationship between managers and staff. I enjoy coming to work.’
Staff Interview	‘The practice is supportive to improve skills to enable development.’

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

Source	Example
Staff Interview	Improvements to the process to identify and engage carers.

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

Source	Example
Complaint	Evidence from a complaint regarding a delayed two week wait referral that the practice had dealt with the complaint with openness and transparency and apologised to the patient demonstrating a duty of candour.
The practice’s speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Example
Staff Interview	‘Manager has an ‘open door’ policy.’
Staff Interview	‘Staff have the opportunity to attend and contribute in meetings.’

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

Source	Example
Staff Interview	‘Practice treat staff fairly. There is an open culture.’
Training Records	Equality and diversity training undertaken by all staff.



## Examples of actions to improve quality in past 2 years

Area	Impact
High Risk Medicines	Baseline audit identified all patients on high risk medicines. Practice protocol implemented. All staff we spoke with aware of process.

## Examples of service developments implemented in past 2 years

Development area	Impact
Participation in Out of Hospital Services (OOHS) initiative.	Services are available closer to the patient in the primary care setting. For example the practice provides ambulatory blood pressure monitoring, ECG and phlebotomy.

## 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	NHS Friends and Family Test (FFT)	92% of patients would be extremely likely or likely to recommend the service.
Staff	Appraisal and Staff Meetings	Improved communication through a regular meeting structure.
External partners	Engagement in the GP access Hub service	Improved access to appointments seven days a week.

## Feedback from Patient Participation Group;

Feedback
'As a patient I have no complaints about the care and treatment received'.
'Feel the practice listens to the views of patients and acts upon them.'

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Collaborative working with practices in Commissioning Learning Set (CLS) meetings.	Enables sharing of good practice and generating ideas for new services or improvements to existing ones.

**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>