Care Quality Commission

Inspection Evidence Table

Bayswater Medical Centre (1-1682632457)

Inspection date: 10 May 2018

Date of data download: 25 April 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)	No
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

Explanation of any ‘No’ answers:

Two healthcare assistants had only been trained to safeguarding children level one which was not in line with guidance. The minimum level required for healthcare assistants is safeguarding children level two. This had been a finding of our previous inspection.

Although policies were in place covering child and adult safeguarding we noted that the clinical codes provided in the safeguarding children policy related to a clinical system not used by the practice. The practice told us after the inspection that the safeguarding children policy provided prior to the inspection was an inactive policy. A combined children and adult safeguarding policy was available and contained correct information.

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.	No
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
Explanation of any 'No' answers: The practice could not provide evidence of the immunisations status of two clinical staff in direct patient contact in line with guidance. This was a finding of an Infection Control and Prevention (IPC) audit undertaken by the Commissioning Support Unit in January 2016.	
Safety Records	**Y/N**
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes June 2017
There was a record of equipment calibration Date of last calibration:	Yes June 2017
Risk assessments were in place for any storage of hazardous substances.	No
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	No
Fire alarm checks	No
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes July 2017
Actions were identified and completed.	No
Health and safety Health and safety risk assessment and actions Date of last assessment:	Yes July 2017
Explanation of any 'No' answers: • The practice had not undertaken a Control of Substances Hazardous to Health (COSHH) risk assessment. • The practice had not undertaken a recent fire drill or undertaken fire alarm checks. These had been a finding of a fire risk assessment undertaken by an external contractor in July 2017. • The practice had not addressed all the actions outlined in a fire risk assessment undertaken in July 2017.	

Additional observations

- Although the practice had provided on-line fire training for its staff, we noted that not all staff had undertaken an annual update, including the fire marshal, in line with its own policy.
- We saw that equipment calibration had been undertaken in June 2017. However, we noted that some medical devices had not been calibrated. For example, two foetal Doppler monitors (a hand-held ultrasound transducer used to detect the foetal heartbeat for prenatal care) and an ophthalmoscope had not been calibrated since January 2016. The practice did not maintain an inventory of all its medical equipment.

Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control (IPC) audit:	January 2016 & April 2018
The provider acted on any issues identified. An IPC audit had been undertaken in January 2016 by the local Commissioning Support Unit and we found that some outcomes outlined in an action plan had not been actioned. For example, evidence of immunisation status for all clinical staff in direct patient contact in line with guidance. The non-clinical IPC lead had also undertaken an audit in April 2018 but this did not include an action plan which outlined the findings of the audit and any actions taken.	No
The arrangements for managing waste and clinical specimens kept people safe?	Yes

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
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.	No
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.	No

Explanation of any 'No' answers:

- Non-clinical staff we spoke with were unable to demonstrate an understanding of 'red flag' sepsis symptoms and how to respond. The practice told us there was no sepsis protocol and no training had been given to non-clinical staff.
- The practice did not have access to a paediatric pulse oximeter.
- We found that the practice had not adequately assessed and monitored the impact on safety as a result of a senior manager, responsible for the day-to-day running of the practice and oversight for its registration with the CQC, being absent from the practice the majority of each working week and

working remotely for a prolonged period. Although we were told some responsibilities had been delegated there had been insufficient oversight to ensure adequate continuity.

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

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)	0.62	0.61	0.98	Variation (low prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.**(01/07/2016 to 30/06/2017)** (NHSBSA)	8.0%	10.4%	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).	No
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). There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	No 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 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
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	No

Explanation of any 'No' answers:

- The practice had adopted Patient Group Directions (PGDs) and we saw that the locum practice nurse and lead GP had signed these. However, we found Patient Specific Directions (PSDs) did not meet requirements and therefore were not a legal authority for the administration or supply of medicines by the healthcare assistants. This had been a finding of our previous inspection in July 2017. The practice had produced a generic instruction to be applied to any patient who may be seen by a healthcare assistant on any particular day who fitted the criteria. We saw that the practice had printed off its entire influenza and pneumococcal patient registers and attached a generic PSD signed by the lead GP.
- The practice did not monitor or audit the prescribing of controlled drugs. However, clinical staff we spoke with were aware of best practice guidelines.
- The practice had two pharmaceutical refrigerators for the storage of patient vaccines. We found that the maximum temperature for one refrigerator had been consistently recorded at 17oC since August 2017 and the maximum temperature of a second refrigerator had been recorded at 9oC in March and April 2018 and at 14oC on numerous occasions in November 2017. Staff responsible for recording the temperatures had failed to act and report that the temperatures had fallen outside the recommended range of 2oC and 8oC. In addition, the practice had failed to undertake a quarterly audit of its fridge temperature records as stated in its own Cold Chain Policy which may have alerted it to this breach of the cold chain.

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	No
Number of events recorded in last 12 months.	8
Number of events that required action	8

Explanation of any 'No' answers:

- The practice could not provide evidence of how learning was shared within the practice. Since our last inspection there had been no formal minuted meetings.

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

Event	Specific action taken
Patient correspondence error.	The practice reviewed and amended its processes for handling patient incoming and outgoing correspondence.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	Yes

Explanation of any 'No' answers:

- Although there was a system in place to receive patient safety alerts, the practice could not demonstrate how those relevant to the practice were acted upon or provide evidence of action taken from any 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)	1.14	0.96	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)	69.0%	77.0%	79.5%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	3.7% (13)	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 **(01/04/2016 to 31/03/2017)** (QOF)	82.9%	76.9%	78.1%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.5% (16)	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 **(01/04/2016 to 31/03/2017)** (QOF)	75.9%	78.2%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.5% (23)	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. **(01/04/2016 to 31/03/2017)** (QOF)	79.4%	77.7%	76.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.6% (15)	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 **(01/04/2016 to 31/03/2017)** (QOF)	98.4%	89.1%	90.4%	Variation (positive)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.5% (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 **(01/04/2016 to 31/03/2017)** (QOF)	77.2%	80.4%	83.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	2.9% (24)	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. **(01/04/2016 to 31/03/2017)** (QOF)	96.2%	87.3%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.2% (11)	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. **(01/04/2016 to 31/03/2017)** (NHS England)	43	45	95.6%	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)	41	57	71.9%	80% or below Significant variation (negative)
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)	43	57	75.4%	80% or below Significant 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)	42	57	73.7%	80% or below Significant 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 **(01/04/2016 to 31/03/2017)** (Public Health England)	58.4%	55.8%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.1%	56.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	41.6%	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)	50.0%	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 **(01/04/2016 to 31/03/2017)** (QOF)	92.2%	89.2%	90.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	16.4% (10)	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 **(01/04/2016 to 31/03/2017)** (QOF)	92.3%	90.6%	90.7%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	14.8% (9)	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 **(01/04/2016 to 31/03/2017)** (QOF)	76.0%	86.6%	83.7%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.7% (3)	6.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539	525	539
Overall QOF exception reporting	6.8%	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.	No
The provider had a programme of learning and development. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes

There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one and clinical supervision. They were supported to meet the requirements of professional revalidation.	Yes
Explanation of any 'No' answers: We found there were gaps in training which the practice had identified as mandatory and some training, including role-specific training, had not been undertaken at a level and/or frequency outlined in its own policies.	

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)	94.9%	94.3%	95.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.0% (13)	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) **(01/04/2016 to 31/03/2017)** (PHE)	26.7%	50.3%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	34
Number of CQC comments received which were positive about the service	34
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients told us they received excellent and professional care, staff were kind, helpful and caring and they are treated with dignity and respect.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,339	390	5%	73	18.72%

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)	71.9%	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 **(01/01/2017 to 31/03/2017)** (GPPS)	88.9%	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?" **(01/01/2017 to 31/03/2017)** (GPPS)	93.0%	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 **(01/01/2017 to 31/03/2017)** (GPPS)	72.3%	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 **(01/01/2017 to 31/03/2017)** (GPPS)	79.4%	86.5%	91.4%	Variation (negative)
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)	80.6%	87.1%	90.7%	Comparable to other practices

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

Any additional evidence
The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period August 2017 to March 2018, based on 16 responses, showed that 88% of patients would be extremely likely to recommend the service. The practice had a patient feedback box and reviewed comments posted on NHS Choices.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC comments cards	Patients responded positively about the care and treatment received and commented that they felt listened to.

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)	80.7%	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 **(01/01/2017 to 31/03/2017)** (GPPS)	70.9%	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 **(01/01/2017 to 31/03/2017)** (GPPS)	82.4%	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 **(01/01/2017 to 31/03/2017)** (GPPS)	71.2%	80.1%	85.4%	Variation (negative)

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 121 patients who were carers (1.6% of the practice list).
How the practice supports carers	There was a carers' noticeboard and information on the practice website, which had the functionality to translate to other languages. The practice offered carers an annual health checks and influenza immunisation.
How the practice supports recently bereaved patients	The practice contacted families who were bereaved by telephone and/or a visit. Clinical staff we spoke with told us they referred to bereavement services where appropriate.

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 practice waiting area was situated to the side of the reception desk.

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

Source	Feedback
CQC comment cards	Patients told us they were always treated with dignity and respect.
Staff training records	We saw staff had undertaken privacy and dignity and equality and diversity training.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	**Time**
Monday	**08:00-18:30**
Tuesday	**08:00-20:00**
Wednesday	**08:00-18:30**
Thursday	**08:00-18:30**
Friday	**08:00-18:30**
Saturday	**09:00-13:00**

Appointments available: Appointments are available on Monday to Friday from 8am to 1pm and 2pm to 6:30pm
Extended hours opening: 6.30pm to 8pm on Tuesday and 9am to 1pm on Saturday.

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	
Clinical and non-clinical staff we spoke with told us that all home visit requests are entered on the clinical system and reviewed by the daily duty doctor.	

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)**	84.5%	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)**	85.5%	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)**	70.9%	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)**	72.7%	77.4%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Patients told us they were able to get appointments when they needed them.

Listening and learning from complaints received

Question	Y/N
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	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
We reviewed all the complaints and found that they were satisfactorily handled in a timely way. We saw that patients had been contacted and offered face-to-face discussions where appropriate.	

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
Leaders did not consistently have the knowledge or capacity to prioritise safety and quality improvement. There was a poor track record in terms of maintaining improvement and the practice was reactive rather than proactive.

Vision and strategy

Practice Vision and values
The practice had a mission statement which was: 'Improving the health and quality of life for all individuals in the communities we serve, delivering an invaluable service to our clients and patients, providing a positive and safe experience for all our patient care.' The lead clinician described the vision as caring, traditional, patient-centred primary care.

Culture

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

Source	Feedback
Staff interviews	Staff we spoke with told us they felt the practice was a nice place to work and 'like a family.' Staff told us they felt valued and respected.

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

Source	Example
Staff interview	The majority of staff we spoke with could not recall any examples on the day of the inspection. However, one member of staff told us the practice had procured a lockable key box and had initiated a more organised staff pigeon hole system as a result of feedback.

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

Source	Example
Patient Complaint	We saw that a patient had received a written response and offered a face-to-face meeting.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff Interviews	Staff we spoke with told us they were able to raise concerns and had confidence that these would be addressed. However, none of the staff we spoke with on the day of the inspection could recall any concerns that had been raised. We saw from training records that staff had received duty of candour and whistleblowing training. However, we found that some staff who had undertaken this training did not understand the meaning of these terms and required prompting.

The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Y

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

Source	Example
Staff training records	We saw that bullying and harassment, health and safety and moving and handling training had been completed by staff.

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

Source	Example
Staff training records	We saw that equality and diversity training had been completed by staff.

Examples of actions to improve quality in past 2 years

Area
There was minimal evidence of quality improvement, including clinical audit, being carried out within the practice.

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	The practice was unable to evidence how learning from significant events, and complaints were shared with staff as there had been no formal, minuted practice and clinical meetings since our previous inspection.
Practice specific policies	We saw that policies and procedures were in place and staff could access these on a shared drive.
Staff were able to describe the governance arrangements	No
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 Additional observations: The practice had a business continuity plan and emergency equipment and medicines were available. Clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis. However, there was no sepsis protocol, no paediatric pulse oximeter available, non-clinical staff were unable to demonstrate an understanding of 'red flag' sepsis symptoms and how to respond and managers confirmed there had been no formal training.	Yes

Examples of actions taken to address risks identified within the practice

Risk
There were no clear and effective processes for managing risks. We found that the practice had not acted upon some of the findings of our previous inspection and new concerns had been found.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	N
Additional Evidence Staff responsible for making statutory CQC notifications had not done so within required timescales. For example, the submission of an action plan following our previous inspection and the addition of a new partner to the practice contract.	

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

The practice told us it gathered feedback from patients through the NHS Friends and Family Test (FFT), NHS choices comments, comments and complaints received directly and its patient participation group (PPG), who met quarterly. We did not speak with any members on this inspection.

Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns they had. There had been no formal and regular meetings since our previous inspection. All staff had received an annual appraisal.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
There is little innovation or service development. The clinical and non-clinical leaders could not demonstrate that improvement was a priority as the practice had failed to act on the findings of previous inspections which included a failure to comply with CQC notification regulations. There was minimal evidence of learning and reflective practice.	

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
There was minimal evidence of quality improvement, including clinical audit, being carried out within the practice. The practice provided four single cycle audits undertaken in 2015 but these had not been re-audited. The lead GP told us that there had been no recent formalised clinical audits undertaken.	

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