

Care Quality Commission

Inspection Evidence Table

Dr Falak Naz (1-504880756)

Inspection date: 4 April 2018

Date of data download: 10 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.	No
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.	No
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	No
Reports and learning from safeguarding incidents were available to staff.	No
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: There was a nominated lead for Safeguarding (the GP) but the policies although in date were not adhered to. No information sharing or communication with health visitors occurred. Communication with district nurses was sporadic. Use of the patient electronic system was limited and impaired communication amongst the practice team.	

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).	Unable to determine
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:	

Only one regular GP locum was used. Appropriate indemnity arrangements were in place. Although clinical staff received hep b vaccine; varicella, MMR and other routine childhood vaccination status was not checked.

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: June 2017	Yes June 2017
There was a record of equipment calibration Date of last calibration: June 2017	Yes June 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 not since 2015 (according to logs held)	No
Fire alarm checks not since 2011 (according to logs held)	No
Fire training for staff	Yes
Fire marshals	No
Fire risk assessment Date of completion	Yes Date 26/3/2018
Actions were identified yes and completed not at time of inspection. Add commentary here Actions were to complete a fire drill and commence fire alarm testing.	Yes/No
Additional observations: Add commentary here: practice manager had the actions in hand	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 28 March 2018
Health and safety risk assessment and actions Date of last assessment:	Yes 28 March 2018
Additional comments: Add commentary here	

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail: Add commentary here: no issues identified during audit. Inspector noted carpeted room used for cervical cytology. This appeared clean with no obvious staining. It was unclear when the carpet was last cleaned. We also noted that there were no sanitary bins in the toilets and no baby changing facilities. We fed this back to the provider who told us they would review and improve this. Fabric curtains were in use, which were washed six monthly and appeared clean.</p>	<p>Yes August 2017 /n/a</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	

<p>Any additional evidence</p>	
<p>The issues identified by the inspection team were fed back to the practice during the course of the inspection, who stated they would review and improve these issues.</p>	

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Limited number of staff worked at the practice
There was an effective approach to managing staff absences and busy periods.	Not in the case of PN cover
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Infection control risk assessment had been carried out
Staff knew how to respond to emergency situations.	Yes would report to GP
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Unclear, if in doubt would report to GP
The practice had equipment available to enable assessment of patients with presumed sepsis.	No the practice did not hold a paediatric pulse oximeter
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	No
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: There was little external engagement in the practice. We identified areas where the service was not practising in line with up to date guidance. MHRA and other patient safety alerts were not appropriately managed.	

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.	No
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.	No
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Not consistently
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Not consistently
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.	No
<p>Explanation of any 'No' answers:</p> <p>Use of the patient electronic record was limited. GP input into the system was minimal, most commentary was added by non-clinical staff. This led to errors and omissions. Please see body of report. At the time of our visit information sharing and communication with multidisciplinary team members was not occurring .</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)	1.14	1.18	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.6%	6.1%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	No
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.	No
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.	No
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	No
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	No
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.	No
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.	Not known
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.	No
Explanation of any 'No' answers: Please see body of report. PGDs were not signed and authorised in	

all cases. Management of high risk medicine prescribing was not safe or appropriate. A controlled drug was held in the doctors' bag without the necessary checks and records. We found a large supply of prescription pads which had no serial numbers logged or other checks. Vaccine fridges did not include minimum and maximum temperature recordings. The cleaner logged the temperatures.

Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	No
Staff understood how to report incidents both internally and externally	No
There was evidence of learning and dissemination of information	No
Number of events recorded in last 12 months.	One (highlighted by secondary care)
Number of events that required action	One

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

Event	Specific action taken
An eye medication had been issued repeatedly and inappropriately without the oversight of secondary care.	The practice undertook to no longer prescribe this medicine to patients without secondary care oversight. However following this incident, we found the same medicine had in fact been repeatedly prescribed without recourse to secondary care advice/oversight.

Safety Alerts	
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	No
<p>Comments on systems in place:</p> <p>There was a system for reporting and recording significant events. However we were told that most were non clinical and these were not captured. The only clinical significant event was one which had been highlighted to the practice by secondary care. Safety alerts were not recorded or acted upon.</p>	

Any additional evidence
Please see body of report for any further details.

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)	0.86	0.85	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)	81.6%	77.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (6)	7.5%	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)	93.4%	75.7%	78.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (6)	7.2%	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)	89.6%	77.6%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (7)	11.0%	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)	75.8%	70.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (1)	6.1%	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)	96.5%	88.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (4)	10.2%	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)	84.7%	84.0%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (3)	3.5%	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)	88.1%	86.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.7%	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)	19	19	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) (01/04/2016 to 31/03/2017) (NHS England)	13	16	81.3%	Below 90% Minimum (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) (01/04/2016 to 31/03/2017) (NHS England)	13	16	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) (01/04/2016 to 31/03/2017) (NHS England)	12	16	75.0%	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)	79.1%	77.2%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.2%	66.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	53.4%	57.8%	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)	57.1%	69.0%	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)	100.0%	91.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (1)	13.5%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	91.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.5%	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)	83.3%	82.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554	541	539
Overall QOF exception reporting	2.6%	4.8%	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.	Yes – induction was in place. No HCAs were employed.
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. Appraisals were being re-launched and appointments scheduled.
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
If no please explain below:	

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)	No

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)	96.9%	95.1%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (1)	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)	50.0%	50.7%	51.6%	Comparable to other practices

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	17
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
For example, Comments cards, NHS Choices	“moved about over the years, but doctor, secretary and staff are the best I and my family have had” “very good service” “Good – doctor always listens”

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
2,080	242	(Surveys sent divided by Practice population) x 100	95	39.26%

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)	92.9%	80.5%	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)	93.7%	89.0%	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)	99.3%	96.4%	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)	92.5%	86.3%	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)	94.2%	91.1%	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)	93.1%	90.9%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results

Any additional evidence
Patient feedback, on cards and in person all very positive about the service.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Spoke with two patients in the waiting area. Both had been patients for a long time. Both were very happy with the service and didn't raise any issues.

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)	93.4%	87.4%	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)	89.8%	82.5%	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)	96.6%	88.1%	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)	88.3%	84.5%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. We were told family members could translate, but staff thought there may be access to telephone interpreters – not sure if they were used.

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. No

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	29 – 2% of practice population.
How the practice supports carers	Signposts to carers' groups and offers annual seasonal flu vaccination.
How the practice supports recently bereaved patients	GP visits to offer support.

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Not in all cases. One consulting room did not contain a curtain (layout of room made this difficult. We were told the door was locked during intimate consultations)

	Narrative
Arrangements to ensure confidentiality at the reception desk	The desk had a glass screen which could be open, partially open, or closed to improve confidentiality.

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
Health visiting team	The practice does not engage with the service. "GP refuses to speak directly to us, messages are relayed via receptionist. GP refuses to hold MDT meetings. Does not return calls".
Midwifery team	GP does not engage with midwifery services. He refuses to refer pregnant women to midwifery care. Engagement is difficult. Does not answer calls.
District Nurses	"Have had to modify our approach to the GP. MDT meetings are not held. Communication is often via reception staff".

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	08:00-18:30
Friday	08:00-18:30
Appointments available	
	8am – 11.30am; 2pm – 6.15pm (or later)
Extended hours opening	
	Tuesday and Wednesday 7.30am to 8am

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	
GP spoke with patient over the telephone and made the decision.	

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)	100.0%	82.2%	80.0%	Significant Variation (positive)
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)	98.4%	71.5%	70.9%	Variation (positive)
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)	96.6%	76.8%	75.5%	Variation (positive)
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)	99.3%	74.6%	72.7%	Significant Variation (positive)

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

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

Complaints	
Number of complaints received in the last year.	0
Number of complaints we examined	0
Number of complaints we examined that were satisfactorily handled in a timely way	n/a
Number of complaints referred to the Parliamentary and Health Service Ombudsman	n/a
Additional comments:	

Any additional evidence

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
To provide a high standard of medical care; to act with integrity.

Culture

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

Source	Feedback
Administrative staff member	Feel supported, love working at the practice, know all the patients, like a family.
Newly appointed practice manager	I know there is a lot to do and a lot that needs to change. I am bringing in changes slowly to bring the staff along with me.

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

Source	Example

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

Source	Example
SEA raised by secondary care	The patient was contacted and met face to face with the GP who explained what had happened and apologised. Patient accepted this, and was happy.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Outgoing locum practice manager	A number of issues in relation to patient safety were raised which the practice acknowledged, and undertook to work with other agencies such as the CCG and NHEngland to improve systems in the practice.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Whistle blowing policy in place.

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

Source	Example

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

Source	Example
	Practice say they would not discriminate against any suitable candidates for a role.

Examples of actions to improve quality in past 2 years

Area	Impact
	1.Pharmacist led search started November 2017 (not completed) looking into use of long-term steroids and bone protection. 2.Pharmacist led search started November 2017 (not completed) looking at shared care drugs, including lithium. Two patients identified, not contacted, no follow up or tests carried out.

Examples of service developments implemented in past 2 years

Development area	Impact

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	No
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	PPG	Meetings to be re-launched at time of our inspection
Public	Informal feedback	
Staff	Informal feedback	
External partners	Very limited	

Feedback from Patient Participation Group;

Feedback
Spoke with one member of PPG who stated that the practice supported patients well, that meetings were about to be re-launched. No concerns identified.

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

Examples	Impact

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Newly appointed practice manager has plans to improve governance within the practice and has already begun to have a positive impact in relation, to example, to arranging dates for appraisals; ensuring staff catch up with mandatory training and re-launching and re-configuring staff meetings/meeting agendas.	Improved governance systems.

Any additional evidence
Please see body of report for further details.

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>