

Care Quality Commission

Inspection Evidence Table

Braithwell Road Surgery (1-3910418013)

Inspection date: 10 April 2018

Date of data download: 06 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)	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.	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: Staff told us they had attended safeguarding training arranged by the clinical commissioning group (CCG) in 2016 although one member of clinical staff told us they had not received any safeguarding training since starting work at this practice. There was a lack of records to support training provided in this area. Staff were knowledgeable about their role in reporting safeguarding concerns. There were no records of any safeguarding meetings and the GP told us this was because they had not had any issues to report.	

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 although checks we observed were made prior to registration
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Not able to fully assess
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any 'No' answers:</p> <p>There had been no new staff recruited since registration.</p> <p>On the day of the inspection there was no access to evidence staff vaccination was maintained in line with guidelines. The member of staff who was responsible for maintaining this information was on leave at the time of the inspection and we requested information to be provided on their return. Information was provided following the inspection but this was only for three members of the clinical team.</p>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes November 2017
There was a record of equipment calibration Date of last calibration:	Yes November 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	No
Fire drills and logs	No
Fire alarm checks	No
Fire training for staff	No
Fire marshals	Yes
Fire risk assessment Date of completion	Yes June 2016
Actions were identified and completed. Fire risk assessments had been completed by the company responsible for maintenance of the building on behalf of the landlord. A copy had not been made available to the provider until requested for the inspection and an action plan had not been provided. The practice had not reviewed the fire risk assessment provided by the landlord to check for their own areas of responsibility to assure themselves they were carrying out any required actions and that these areas were included in a practice specific risk assessment.	No
Additional observations: The fire alarm and equipment tests were under taken by the company responsible for maintenance of the building on behalf of the landlord. Staff told us this company also provided fire training and fire warden training annually and held regular fire drills although there were no records to support this. The fire procedure was dated 2013 and the practice manager was unsure if this was the most up to date copy provided by the landlord.	Yes
Health and safety Premises/security risk assessment?	Yes
Health and safety risk assessment and actions	Yes
Infection control Risk assessment and policy in place	Yes

Date of last infection control audit: The provider acted on any issues identified	November 2017 n/a
The arrangements for managing waste and clinical specimens kept people safe?	Yes
The practice policy and procedure lacked detail about the designated infection prevention and control lead, staff training requirements, cleaning of equipment, management of outbreaks of communicable diseases and reporting of notifiable infections.	

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.	In part
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: Staff had received annual training in medical emergencies but there was a lack of records to evidence staff had received training for other emergency situations such as fire safety. The principle GP and practice nurse had received training in sepsis at a CCG event. Training and guidance in their role for the management of patients with presumed sepsis had not been provided to other staff such as receptionists.	

Information to deliver safe care and treatment

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

Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) _(NHSBSA)	1.24	1.07	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)	9.0%	7.0%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	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.	Yes
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.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place	Yes

to determine the range of medicines held.	
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
<p>Explanation of any 'No' answers:</p> <p>The records for monitoring use of blank prescriptions did not provide an audit trail of prescription use and prescriptions were not stored securely in consulting rooms. There was some confusion about the systems in place and recent changes had been made which staff were not fully conversant with. The practice could not account for one box of prescriptions and we asked them to investigate this and report to the appropriate authorities if required.</p> <p>There was no evidence the practice monitored prescribing of controlled drugs. The principle GP told us the CCG pharmacist monitors their prescribing data and would alert them to any concerns and they worked closely with the local pharmacist who would raise any issues with them.</p>	

Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	1
Number of events that required action	1

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

Event	Specific action taken
Issues relating to patient receiving unrequested items on repeat prescription.	The practice manager had met with the CCG medicines management team and the practice protocol was to be reviewed and updated where necessary. Actions to monitor and support the patient prescription requests had been implemented. An audit was to be completed to monitor this area.

Safety Alerts	
There was a system for recording and acting on safety alerts	In part
Staff understand how to deal with alerts	Yes

Comments on systems in place:

We saw alerts were a standing item on the meeting agenda and actions required were recorded in minutes. However, the actions taken in response to medical alerts were not always logged to enable the practice to monitor progress. We saw evidence of action in response to one medicines alert which included a search and review of patients prescribed the medicines.

Effective

Effective needs assessment, care and treatment

Please note, the following data is for care and treatment provided at the practice prior to registration of the current provider. However, the current provider was a one of the two partners in the previous provider registration who were providing services at the time this data was provided.

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)	0.99	0.92	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)	72.0%	74.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	74.6%	73.7%	78.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	71.6%	79.9%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

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)	86.2%	76.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	92.1%	84.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	86.5%	82.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	()	0.0%	0.0%	
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)	79.4%	88.3%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

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)	35	38	92.1%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	29	31	93.5%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	29	31	93.5%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	29	31	93.5%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	77.2%	76.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.5%	75.2%	70.3%	N/A

Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.3%	55.8%	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)	71.4%	64.1%	71.2%	N/A

Monitoring care and treatment

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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)	85.7%	90.3%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	95.2%	89.7%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	83.7%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	()	0.0%	0.0%
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Monitoring care and treatment

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Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	535	529	539
Overall QOF exception reporting	3.7%	4.3%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	In part
There was an induction programme for new staff.	Yes
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.	No
<p>If no please explain below:</p> <p>There was a lack records to evidence training in safeguarding and health and safety matters. Staff received annual appraisal with the practice manager, this included the practice nurse but there was no clinical input into their appraisal. There were no records to show the advanced nurse practitioner had received an annual appraisal. We were told the nurses had clinical support from each other through regular meetings although these were not documented. Performance of employed clinical staff was not monitored, for example, through audit of their consultations, prescribing and referral decisions.</p> <p>Any further comments or notable training.</p> <p>Staff had received training relating to suicide awareness in the last 12 months as the practice had identified this to be a high risk area in the patient population.</p>	

Coordinating care and treatment

Please note, the following data is for care and treatment provided at the practice prior to registration of the current provider. However, the current provider was a one of the two partners in the previous provider registration who were providing services at the time this data was provided.

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

Any additional evidence
The practice held monthly multi-disciplinary meeting with district nurses, community matron, social services and Crossroads Carers Support group volunteer.

Helping patients to live healthier lives

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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)	100.0%	96.1%	95.3%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	()	0.0%	0.0%	
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)	44.4%	46.7%	51.6%	Comparable to other practices

Any additional evidence
The practice hosted the Improving Access to Psychological Therapies (IAPT) programme. IAPT services are for people with mild, moderate and moderate to severe symptoms of anxiety or depression.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	13
Number of CQC comments received which were positive about the service	13
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
Patients	Patients told us they received a high standard of care and were treated with respect. They told us all the staff were caring and went out of their way for patients.

The practice carries out its own patient survey/patient feedback exercises; No but monitors the friends and family test results.

Any additional evidence
The friends and family test results showed 94% of patients would recommend the practice.

National GP Survey results

Please note, the following data is for care and treatment provided at the practice prior to registration of the current provider. However, the current provider was a one of the two partners in the previous provider registration who were providing services at the time this data was provided.

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
3,257	264	8%	93	35.23%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or	96.0%	79.7%	78.9%	Variation (positive)

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)				
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)	100.0%	95.5%	95.5%	Variation (positive)
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)	94.8%	87.1%	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)	97.6%	91.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	96.0%	90.1%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises; No but monitors the friends and family test results.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patients	Patients told us they were always treated with respect and staff were friendly and professional. They said they were listened to.

National GP Survey results

Please note, the following data is for care and treatment provided at the practice prior to registration of the current provider. However, the current provider was a one of the two partners in the previous provider registration who were providing services at the time this data was provided.

Indicator	Practice	CCG average	England average	England comparison
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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)	91.9%	86.6%	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)	83.3%	83.3%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	95.1%	89.2%	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)	92.6%	86.6%	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. No

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 245 carers which is 7.2% of the practice population.
How the practice supports carers	The practice provided information about Crossroads Carers support Services and offered flu vaccinations for carers.
How the practice supports recently bereaved patients	The GP told us they would visit the patients

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 reception desk was shared with the neighbouring practice and staff had individual windows with portholes to minimise the risk of patients overhearing other conversations.

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
Patients	Patients told us they were treated with dignity and respect and were listened to.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-19:15
Thursday	08:00-18:30
Friday	08:00-18:30

Appointments available
Consultations are by appointment only, with surgeries available every morning from Monday to Friday and every evening from Monday to Friday, except Thursday. There is a flexible approach to appointments for patients depending on individual's needs. There were urgent, telephone, online and pre-bookable appointments available daily.

Extended hours opening

Wednesday from 18:30 to 19:15

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

A request for a home visit was received by reception and added to a home visit request list. The GP made the decision about a home visit and prioritised these.

Timely access to the service

National GP Survey results

Please note, the following data is for care and treatment provided at the practice prior to registration of the current provider. However, the current provider was a one of the two partners in the previous provider registration who were providing services at the time this data was provided.

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)	74.8%	79.5%	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)	85.0%	71.6%	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)	72.9%	75.3%	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)	82.1%	71.1%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patients	Patients told us they had received the right treatment at the right time. They also said they could get appointments when they needed them.

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.	0
Number of complaints we examined	0
Number of complaints we examined that were satisfactorily handled in a timely way	NA
Number of complaints referred to the Parliamentary and Health Service Ombudsman	NA
Additional comments:	
The complaints procedure was displayed in the waiting area.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice is a small caring family practice. We observed staff knew the patients well and understood their needs.

Culture

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

Source	Feedback
Staff	<p>Staff told us they felt supported and there is good collaboration. They said they could voice their opinion and were listened to. They told us the practice manager and the GPs were approachable.</p> <p>Many staff had worked for the practice when the current provider was a part of the previous provider partnership. Staff turnover was low.</p>

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

Source	Example
Risk assessment	There was a system of health and safety risk assessment in place.

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

Source	Example
Staff	The practice considered their staff and treated staff fairly. There was an inclusive culture.

Examples of actions to improve quality in past 2 years

Area	Impact

Examples of service developments implemented in past 2 years

Development area	Impact
Nursing team has been developed and training provided in long term condition management	Increased access for patients.

Appropriate and accurate information

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

Examples of methods of engagement

	Method	Impact
Patients	Friends and Family test	The practice displayed these survey tools in the reception. The friends and family test results show 94% of patients would recommend the practice.
Public		No evidence provided.
Staff	Meetings and annual appraisals	Good staff morale and low staff turnover.
External partners	Communication with the CCG	Positive feedback received from the CCG.

Feedback from Patient Participation Group;

Feedback
There is no patient participation group at the practice. There are notices asking patients to join a group but this has not been actively promoted due to the practice manager's time constraints.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients

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>