

Care Quality Commission

Inspection Evidence Table

Barn Close Surgery (1-551240568)

Inspection date: 8 May 2018

Date of data download: 18 April 2018

Safe

Safety systems and processes

Source	
There was a lead member(s) of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes November 2018
There was a record of equipment calibration Date of last calibration:	Yes 20/07/17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 06/08/17
Actions were identified and completed. There were no actions identified.	No
Additional observations: The practice had a system to manage all safety records and health and safety risk assessments to ensure they were reviewed and updated appropriately. This included legionella checks and fire testing and drills.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 26/04/18
Health and safety risk assessment and actions Date of last assessment:	Yes 26/04/18
Additional comments: In addition to the annual premise checks the practice carried out weekly security checks of the building.	

<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: We saw evidence that the practice had completed an infection prevention control audit (IPC) in January 2018. No areas of improvement were indicated. Due to the historical building we saw evidence of paint eroding from the walls in some parts of the building. The practice informed us they had recently completed an external IPC audit and were awaiting the results from this.</p>	<p>Yes 10/01/18 N/A</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Any additional evidence

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	*Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers: Although reception staff had not completed specific training in relation to sepsis, they demonstrated an understanding of the signs and symptoms and the action they would take in dealing with patients with these symptoms. We saw evidence of information available to patients in the reception area. On the day of the inspection the practice told us they would complete the appropriate sepsis training for all staff.	

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)	1.20	1.11	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)	13.6%	10.2%	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.	*Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Explanation of any 'No' answers:

The practice kept prescription stationery securely, however this process needed strengthening as we found that there was no monitoring of blank prescription stationery to provide an audit trail. During the inspection the practice told us they would review this system, however this needed to be fully implemented and embedded.

We checked the emergency medicines on-site and found that two of the recommended medicines were not available. During the inspection the practice located one of the medicines and immediately told us they would ensure they had an appropriate stock of medicines to cover potential emergency situations. Following the inspection the practice confirmed that all of the recommended medicines were in place.

Dispensing practices only	
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack. Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Explanation of any 'No' answers:	
Any other comments on dispensary services:	

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.	14
Number of events that required action	14

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

Event	Specific action taken
A patient requested a home visit and this was not actioned on the system. The practice realised their mistake when the patient contacted the practice.	The practice reviewed its administrative process and systems were introduced to help streamline home visit requests and communication within the practice.
A delay in a referral to secondary services that required further action.	The practice carried out an investigation and put processes in place to ensure that referrals were handled in a timely manner. A letter was sent to the patient explaining the review of the outcomes.
The incorrect amount of medicines were issued to a patient in a blister pack.	The practice reviewed its systems and were reminded to double check medicines prior to them being dispensed. Extra measures to handle the dispensary workload were introduced to reduce interruptions and to manage the workload better.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
There was an appropriate system in place to ensure incidents were identified and actions taken to ensure patient safety. Where appropriate the practice involved services and agencies in the actions taken and the learning from the incident.	

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)	1.57	1.11	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)	83.4%	83.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (18)	9.8%	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)	91.4%	82.1%	78.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.8% (13)	6.1%	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)	80.0%	82.5%	80.1%	Comparable to other practices
QOF Exceptions	14.9% (69)	12.4%	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)	90.4%	76.7%	76.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (38)	5.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.8%	91.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (5)	8.3%	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)	92.1%	87.4%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (23)	2.6%	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)	100.0%	94.5%	88.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (17)	11.5%	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)	35	39	89.7%	Below 90% Minimum (variation negative)
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)	34	38	89.5%	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)	35	38	92.1%	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)	35	38	92.1%	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)	74.6%	74.2%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	77.1%	75.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	65.6%	61.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	90.4%	78.8%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	91.7%	91.8%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	29.4% (10)	11.2%	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%	93.5%	90.7%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.5% (8)	8.7%	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)	93.9%	84.8%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (1)	5.5%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	558	555	539
Overall QoF exception reporting	3.5%	5.0%	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
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
If no please explain below: Any further comments or notable training.	

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)	98.5%	96.3%	95.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (6)	0.4%	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)	59.3%	51.6%	51.6%	Comparable to other practices

Any additional evidence

We reviewed the exception reporting and were informed that the practice were fully aware of some higher reporting rates. Clinicians ensured appropriate recall had taken place and discussed patients prior to exception reporting. The practice provided us with evidence to demonstrate their process was effective and measures were in place.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	38
Number of CQC comments received which were positive about the service	29
Number of comments cards received which were mixed about the service	7
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Comments cards	<p>Patients commented that they found the service at the practice as excellent. They said staff were friendly, helpful and caring. We saw comments that staff and GPs were supportive and treated patients with warmth, dignity and respect.</p> <p>Some patients reported difficulties in getting an appointment and problems with car parking on-site. The practice were aware of these difficulties and regularly reviewed feedback. In addition, the practice were in the process of obtaining new premises due to the limited access and services it could offer.</p>

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,546	221	2.9%	124	56.11%

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)	95.3%	83.9%	78.9%	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 listening to them (01/01/2017 to 31/03/2017) (GPPS)	94.6%	91.9%	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)	97.4%	97.0%	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)	92.3%	88.8%	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)	92.0%	94.0%	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)	94.1%	93.6%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
Ongoing	The practice encouraged feedback from patients. It had patient feedback forms which were regularly reviewed and discussed in practice meetings. The practice were aware of the difficulties it faced with its historic building and had initiated discussions with patients and stakeholders in obtaining new premises.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	The patients spoken to on the day of the inspection were positive about the involvement they had in their care and treatment. Some patients found it difficult to access an appointment, however overall they described examples where they were listened to and treated with respect, dignity and kindness.

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)	92.8%	89.6%	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)	94.3%	85.7%	82.0%	Variation (positive)
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)	91.2%	92.2%	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)	92.5%	88.2%	85.4%	Comparable to other practices

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 116 patients who were carers (approximately 1.5% of the practice list).
How the practice supports carers	Carers were offered flexible appointment times and invited for annual influenza vaccinations. Carers were referred to a local charity that supported carers with advice and information. Information was available throughout the practice to signpost carers to these services.
How the practice supports recently bereaved patients	The practice contacted patients who had been recently bereaved and offered them an appointment, if required, at a time to suit them. They also referred patients to local bereavement groups. We saw evidence of bereavement services on display in the practice.

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	Due to the layout and size of the practice, the practice were limited in space and opportunities for confidential areas. However, staff advised us that they would utilise an empty consultation room or find a quiet area within the practice where they are able to have a confidential conversation with a patient. The practice waiting area was located on the ground and first floor. The reception desk on the ground floor was located away from the seating area. The reception staff were aware of the need for confidentiality and telephone calls were taken away from the front desk. We observed music being played in the background of the waiting area so conversations could not be overheard.

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. There was no specific room however all treatment rooms or office spaces were utilised.

Examples of specific feedback received:

Source	Feedback
Interviews with patients	Patients told us they felt their privacy was respected and staff were professional in their approach to adhere to confidentiality.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available	
Weekdays	8.20am-11.30am and 2pm-6pm
Extended hours opening	
	Extended hours appointments are not available directly at the practice but the practice's patients have access to the local out of hours provider Care UK.

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	
Staff recorded requests for home visits in the visit book and on the online appointment system. Requests for home visits were triaged by the GPs, and if clinically appropriate, a home visit was completed.	

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)	88.1%	81.4%	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)	83.4%	73.3%	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)	89.6%	78.0%	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)	87.9%	75.1%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patient interview	We spoke to a member of the patient participation group who told us that they were satisfied with the appointment system and had always got an appointment when requested.
Comment cards	Patients were generally satisfied with booking routine appointments. Some patients found difficulty in accessing appointments during peak times of the day, however the practice continued to review this and survey results were above average locally and nationally.

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.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1
Additional comments:	
We saw evidence that complaints were regularly discussed in practice meetings and dealt with appropriately.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
<p>The practice had a vision statement which was:</p> <p>“To provide the best possible quality service for our patients within a confidential and safe environment by working together both within the practice and the wider health care team.”</p>

Culture

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

Source	Feedback
Staff	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically.

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

Source	Example
Staff	Changes to the process of annual appraisals were made following feedback from staff.
Staff	Staff has been increased to four members during peak times of the day to support telephone access.

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

Source	Example
Staff	The practice had developed a practice newsletter and communicated important practice and healthcare information with patients.
Complaint	Following a complaint about the process for seeing medical students a patient was offered an apology and staff were reminded to fully explain the process.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Due to the historical building and steep stairs some patients found it difficult to access appointments on the first floor. The practice put alerts on patient records and appointments were coordinated with consultation rooms on the ground floor.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

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

Source	Example
Health and safety risk assessments	The practice had a comprehensive range of risk assessments that covered all areas of the practice premises and staff working conditions. These were regularly checked and updated if needed.
Staff records	Staff immunisation records were kept by the practice to ensure relevant staff and patients were protected appropriately.
Staff records	Staff were offered an annual appraisal to assess learning needs and were given protected time to undertake training.
Staff	Staff were able to work part time hours, shift patterns and flexible hours to maintain their wellbeing.

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 and considered equality. There was an inclusive culture.
Staff	Staff reported they were supported through challenging periods which included ongoing recruitment.

Examples of actions to improve quality in past 2 years

Area	Impact
Audits	The practice had a programme of clinical audit in place and had a plan to further enhance and improve this programme. For example we saw evidence of hormone replacement therapy (HRT), atrial fibrillation and epilepsy audits.

Examples of service developments implemented in past 2 years

Development area	Impact
New premises	The practice were aware of its building issues which included limited parking, room availability and restricted access for disabled patients. It had initiated plans to locate to new premises in order to develop and enhance its services to patients in the area.

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	Patient participation groups, friends and family test, NHS choices, practice newsletter	The practice took on board suggestions from the PPG and made changes as a result.
Public	Practice website. Consultation with the local community on new practice developments.	There was an improved flow of information to and from the practice. The public were given the opportunity to discuss and consider the plans to build new premises.
Staff	Open door policy, staff meetings, annual appraisals	There was open and transparent communication. Staff were alerted to changes and provided with an opportunity to raise suggestions and concerns.

External partners	Clinical commissioning group, care homes, regular programme of meetings.	External partners reported positively on the communication with the practice. Attending external meetings enabled services to be planned and delivered effectively for better sustainability of service provision for the future.
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Feedback from Patient Participation Group;

Feedback
Members of the PPG we spoke with were positive about their role within the practice and how leaders interacted with them. They reported regular meetings with staff, including GP's and the practice manager. The group was well established and a member of the national association for patient participation (NAPP).

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

Examples	Impact
Practice Newsletter	After a suggestion from the PPG patients had the option of accessing all of the practice newsletters in an electronic format on the website.
Review of complaints procedure	The PPG reviewed the complaints letter and made changes to the wording of the document.
Fundraising event	The PPG raised money to buy a new piece of equipment in the practice.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Training and Education	The practice offered training to medical students from Birmingham University.
Upskilling members of staff	The practice could demonstrate that they actively provided staff with the opportunity for development. The practice were keen to upskill staff where possible and had supported staff through national vocational qualifications (NVQ's).

Any additional evidence

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>