

# Care Quality Commission

## Inspection Evidence Table

### Leyton Green Neighbourhood HS (1-584520829)

Inspection date: 26 April 2018

Date of data download: 19 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)	No
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	No
Staff who acted as chaperones were trained for the role and had a DBS check.	No
Explanation of any 'No' answers:	
<p>The two most recently employed non-clinical staff members (August 2016 and November 2016) had not received any safeguarding training and evidence of safeguarding training for one non-clinical staff member was unable to be found. The nurse was the lead member of staff for safeguarding and had not completed level three (required to be a lead) child safeguarding since March 2014 but had completed level two in 2015.</p> <p>With the exception of two members of staff, the practice could not demonstrate that vulnerable adults training was completed by all staff that required it. There was no centralised record showing what training each staff member had completed.</p> <p>DBS checks were carried out for all staff members with chaperoning responsibilities; however they were not trained for the role. DBS checks were not completed for non-clinical staff members who did not act as a chaperone and no risk assessments were carried out to mitigate the risks against the risks of them potentially being alone with vulnerable patients.</p>	

Safeguarding was discussed at clinical meetings, but the practice was unable to demonstrate how learning from safeguarding and safeguarding issues were shared with non-clinical staff members as practice meetings were only held every six months and the last two sets of minutes we viewed did not include any safeguarding discussions.

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	No
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	No
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
<p>Explanation of any 'No' answers:</p> <p>The practice did not have references for any locum GPs that worked at the practice. There was an induction programme for new staff members but this did not include mandatory training such as infection and prevention control and fire safety.</p> <p>No staff member had completed fire safety training and only the nurse had completed infection and prevention control training.</p>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	No 13/9/2017
There was a record of equipment calibration Date of last calibration:	Yes 13/9/2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	N/A
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	No
Fire training for staff	No
Fire marshals	No
Fire risk assessment Date of completion	Yes 6/12/2017
Actions were identified and completed. The fire risk assessment was carried out internally and no actions were identified.	Yes
Additional observations: Add commentary here	No
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	No
Health and safety risk assessment and actions Date of last assessment:	No
Additional comments: Portable appliance testing (PAT) only included 15 items. The practice told us that they carried out their own PAT testing by following HSE guidance for maintaining portable electrical equipment in low risk environments, this included a staff member checking if there were any frayed wires, trip hazards, damaged or over heating equipment. There was no risk assessment completed to mitigate the risks of not having a qualified electrician completing this.  The practice did not have fire alarms but did have smoke detectors which were checked every two months. The practice was unable to demonstrate that a risk assessment had been carried out to mitigate the risks of not having any fire alarms.  Staff had not completed any fire training, we were told that fire drills were completed every six months which was used as training, however the only documentation kept for	

<p>this was the date of the fire drill, this did not include staff members that were present and the time it took to evacuate the building. There was also no learning shared with staff regarding this. We spoke with two reception staff members both of whom were unable to recall participating in a fire drill.</p>	
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<p><b>Infection control</b></p> <p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>All actions identified from the infection control audit had been completed such as changing to colour coded mops.</p> <p>The practice had completed a decontamination audit.</p> <p>We saw that with the exception of the nurse staff had not completed infection and prevention control training.</p>	<p>Yes</p> <p>4/3/2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	

## Risks to patients

<p>The practice had systems in place to monitor and review staffing levels and skill mix.</p>	<p>Yes</p>
<p>There was an effective approach to managing staff absences and busy periods.</p>	<p>Yes</p>
<p>Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance</p>	<p>No</p>
<p>Staff knew how to respond to emergency situations.</p>	<p>Yes</p>
<p>Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.</p>	<p>No</p>
<p>The practice had equipment available to enable assessment of patients with presumed sepsis.</p>	<p>Yes</p>
<p>There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.</p>	<p>Yes</p>
<p>The impact on safety was assessed and monitored when the practice carried out changes</p>	<p>No</p>

to the service or the staff.	
<p>Explanation of any 'No' answers:</p> <p>We asked the practice to provide us with any risk assessments that had been completed but they were unable to provide us with any other than infection and prevention control and fire risk.</p> <p>The receptionists we spoke with were unaware of what sepsis was.</p> <p>The practice was unable to demonstrate how they assessed the impact on safety when changes were made.</p>	

### 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.	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
<p>Explanation of any 'No' answers:</p> <p>Home visit documentation completed by the nurse was not comprehensive, we viewed two home visit consultation records for patients with diabetes, which did not include a record of the injection site for insulin, how the patients were managing food or their blood glucose diary and there was poor recording of abnormal foot sensations.</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)	0.52	0.80	0.98	Significant variation (very low prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	7.7%	11.9%	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.	N/A
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.	N/A
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.	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 No
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:

There was no baby mask and a missing valve for the resuscitation equipment. We saw evidence that the equipment was regularly checked but these issues had not been identified. Post inspection the practice informed us that the masks were found and were with the oxygen and the missing valve was due to it being on a training mask that had not been replaced.

## 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.	6
Number of events that required action	6

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

Event	Specific action taken
A vulnerable patient with mental health needs not attending for their regular contraceptive.	A care plan was made for the patient to enable contraception to be accessed in an emergency and this was discussed in a clinical meeting. However there was no evidence that this had been discussed in a meeting with reception staff members.
A member of the public was not allowed to register with the practice as they did not have photographic ID.	We were told that the practice manager discussed this with the staff member that refused to register the prospective patient and the patient was then registered. There were no documented discussions with staff members outlining any learning and the practice registration policy to prevent this from occurring again.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Safety alerts are received by the practice manager via email who prints them and shares them with relevant staff members ensuring that they get actioned. The alerts are then attached to the agenda of the next clinical meeting for discussion.</p>	

# 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)	0.17	0.74	0.90	Significant Variation (positive)

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)	76.8%	74.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (22)	13.0%	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)	66.7%	78.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.7% (18)	7.5%	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)	71.7%	74.6%	80.1%	Comparable to other practices
QOF Exceptions				
	10.8% (20)	10.6%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	72.4%	79.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (9)	3.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	93.3%	93.0%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (2)	9.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)	77.6%	81.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (8)	3.8%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	75.0%	87.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (1)	8.5%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	55	55	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	44	54	81.5%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	45	54	83.3%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	45	54	83.3%	Below 90% Minimum (variation negative)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	61.6%	68.2%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.9%	66.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.8%	47.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	81.8%	72.7%	71.2%	Above the national average

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	84.6%	92.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (3)	6.8%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	87.2%	94.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (3)	5.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)	100.0%	86.7%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.2%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	539	537	539
Overall QOF exception reporting	5.9%	5.8%	5.7%

## Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	No
The provider had a programme of learning and development.	No
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.	No
<p>If no please explain below:</p> <p>There was no system to manage or monitor what training staff required or had undertaken and when the training would expire. However, the nurse was provided with protected time to attend nurse forums where training and updates were discussed.</p> <p>The practice employed two nurse prescribers but there were no prescribing audits carried out for this role. Post inspection the provider informed us that they will be discussing with the nurses which prescribing audits would provide the best learning.</p>	

## 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 <b>(01/04/2016 to 31/03/2017)</b> (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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	93.6%	95.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (4)	0.9%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	33.3%	48.9%	51.6%	Comparable to other practices



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	26
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	Themes from comment cards received were a caring practice with friendly attentive staff members. Four comment cards mentioned difficulty in getting an appointment.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
3,663	381	3%	121	31.76%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	70.1%	70.4%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86.6%	84.5%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.5%	92.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86.1%	80.2%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	87.4%	86.6%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	89.1%	84.5%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
10 – 24 March 2017	<p>The survey was carried out by the patient participation group and 186 surveys were completed.</p> <ul style="list-style-type: none"><li>• 76% of respondents were happy or very happy with the services provided, 19% found them ok and 5% said they were not happy.</li><li>• 53% of respondents said it was easy or very easy to make appointments, 32% found it ok and 15% said they found it difficult or very difficult.</li><li>• 99 positive comments including, nice, friendly, helpful and efficient staff.</li><li>• 68 comments about the appointment system needing improvement, including not enough appointments available and the waiting time being too long.</li></ul>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with told us they felt involved in decisions made about their care and treatment.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	86.9%	81.2%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.5%	75.4%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.6%	84.5%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	85.8%	79.3%	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. The practice did not have a website.

Carers	Narrative
Percentage and number of carers identified	There were 73 carers registered at the practice, this represented 2% of the practice list size.
How the practice supports carers	We were told that carers were offered signposting to local services and were given information about available services.
How the practice supports recently bereaved patients	The bereaved were sent a sympathy card and offered support and appointment at a time suitable to themselves.

## 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	Reception staff members spoke quietly at the reception desk, did not use patient names and made telephone calls to patients away from the reception desk to aide privacy.

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
Patient Group Member	A member of the patient group told us that if they wanted to speak privately they would be offered a private area to do so.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	09:00-12:30
Monday	14:30-18:30
Tuesday	09:00-12:30
Tuesday	14:30-18:30
Wednesday	09:00-12:30
Wednesday	14:30-18:30
Thursday	09:00-13:00
Friday	09:00-12:30
Friday	14:30-18:30

Appointments available	
Monday	09:00-12:15
Monday	15:00 - 17:00
Tuesday	09:30-12:30
Tuesday	15:00-18:00
Wednesday	09:00-11:20
Wednesday	15:00-17:20
Thursday	09:30-12:30
Friday	09:30-12:30
Friday	15:15-18:00

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Home visit requests received by reception staff members were entered into a visit book and the GP was informed. GPs would contact the patient requesting the home visit to assess whether it was required and carry it out if clinically necessary.	

## 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)	66.0%	74.3%	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)	60.5%	58.2%	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)	56.6%	67.6%	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)	62.0%	65.7%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	We viewed 10 comments made on the NHS choices website, five of these mentioned difficulty in getting an appointment at the practice.



## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. No (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.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice complaints policy did not contain information regarding complaints that needed to be reported to an external body and how to do so.	

Any additional evidence
We viewed all three complaints and found that these were not saved on the computer system for relevant staff members to view. There were no clear documented learning and outcomes of complaints and learning was not shared with all relevant staff members to prevent incidents from happening again. However, post inspection the provider informed us that all complaints were discussed at a weekly meeting and would be shared with reception staff members at a meeting after this but no evidence of this was provided.

# Well-led

## Leadership capacity and capability

### Vision and strategy

#### Practice Vision and values

Leaders in the practice told us they had the vision to provide safe, fair person centred care to patients in a family orientated environment.

### Culture

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

Source	Feedback
Staff member	We were told that all staff members were really close and management were really approachable and friendly.

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

Source	Example
Reception staff	We were told that as a result of request from reception staff members a fax machine was installed in the reception area to enable instant access to acknowledge and send urgent faxes.

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

Source	Example
Practice manager	We were told that no staff members had completed equality and diversity training but were all told to treat patients the way that they would want to be treated.

### 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	Patient participation group	A survey was carried out by the group to gather feedback from patients about the practice.

### Feedback from Patient Participation Group;

Feedback
The patient group representative told us that the practice was open and transparent and took time to listen to the needs of patients.

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

Examples	Impact
The practice displayed patients' art work in the waiting area.	Art work displayed had themes, at the time of inspection the theme was healthy eating and paintings of fruit was displayed allowing the waiting room to look refreshed and remind patients about the importance of eating healthily.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
No evidence was given regarding innovation and improvements.	

**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>