

# Care Quality Commission

## Inspection Evidence Table

### Stockwell Road Surgery (1-541861210)

Inspection date: 09/05/2018

Date of data download: 03 May 2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Y
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who require medical indemnity insurance had it in place	Y
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: March 2018	Y
There was a record of equipment calibration Date of last calibration: 31/5/2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: March 2018	Y
Actions were identified and completed. Improved assembly point sign Changed some locks to finger locks to improve exits	Y
Additional observations:	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: January 2018	Y
Health and safety risk assessment and actions Date of last assessment: 05/12/2017	Y
Additional comments: Waste bin outside at the back moved to front of building as recommended.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: 02/05/2018 (hand hygiene) 04/05/2018 (environmental)</p> <p>The provider acted on any issues identified</p> <p>Detail: Identified in March 2018 – broken window blind. Replaced 01/05/2018</p>	Y
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	Y
<p>Explanation of any 'No' answers:</p>	

Any additional evidence

## Risks to patients

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

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Y
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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any 'No' answers:	

## 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)	0.87	0.90	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)	6.0%	6.3%	8.9%	Comparable to other practices

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).  There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.  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.	Y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and .risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y



### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	7
Number of events that required action	5

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

Event	Specific action taken
A patient did not receive an appointment for an ultrasound following referral.	On investigation the practice discovered the referral had been put into scanning but had not been sent. Process changed so that doctors to make requests electronically without the need for scanning. Doctors made aware of changed process.
Patient on a particular drug following coronary stents. Patient was still taking the medication when it should have been stopped after 12 months.	Notes to be added to the prescription notes for this particular drug advising of stop date. Commenced audit of all patients taking this particular drug on repeat prescription.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place:                      The system in place was administrated by the practice manager and recorded. Clinical alerts were reviewed by the appropriate clinical lead and cascaded appropriately to staff by team meeting and or written messages. Policies were amended as appropriate.</p>	

Any additional evidence

# 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)	0.62	0.87	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)	86.3%	82.8%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5% (35)	7.6%	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)	87.9%	78.6%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (23)	6.4%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	86.6%	80.9%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (52)	14.8%	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)	81.4%	76.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (5)	2.9%	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)	91.1%	90.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (14)	7.6%	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)	87.2%	84.6%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (20)	2.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)	90.8%	88.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (19)	10.3%	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)	76	78	97.4%	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)	64	66	97.0%	Met 95% WHO based target Significant Variation (positive)
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	64	66	97.0%	Met 95% WHO based target Significant Variation (positive)
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)	64	66	97.0%	Met 95% WHO based target Significant Variation (positive)

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)	80.1%	77.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.9%	75.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	61.9%	62.8%	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)	60.4%	73.7%	71.2%	N/A

<b>Mental Health Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	97.3%	92.3%	90.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	10.6%	12.5%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	91.7%	92.5%	90.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (1)	8.7%	10.3%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	85.3%	84.2%	83.7%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (4)	7.9%	6.8%	

### Monitoring care and treatment

<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>
Overall QOF score (out of maximum 559)	559	554	539
Overall QOF exception reporting	3.8%	4.2%	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.	Y
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>If no please explain below:</p> <p>No Health care Assistants had been recruited since April 2015 but the practice was aware a care certificate was required</p> <p>Any further comments or notable training:</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)	97.1%	95.2%	95.3%	Comparable to other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (9)	0.7%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	51.9%	52.1%	51.6%	Comparable to other practices

## Description of how the practice monitors that consent is sought appropriately

Services are subject to an audit programme, especially those services that require consent such as family planning and immunisation. These services have always audited well including for consent.

## Any additional evidence

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	18
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	<p>Comment card feedback:</p> <p>‘Absolutely brilliant service. Staff always willing to help with a smile care and dignity.’</p> <p>‘I feel privileged to have such an amazing practice taking care of my families health needs.’</p> <p>‘Can always get an appointment when needed. Great set up!’</p> <p>‘Staff are always helpful, caring and willing to go the extra mile for their patients. I have never had to wait for an appointment and the receptionists will always try to accommodate you. The doctors have always been amazing with my son. I cannot speak more highly of the practice and the staff.’</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,050	261	3.7%	137	52.49%

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)	98.9%	88.5%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	97.2%	93.9%	88.8%	Variation (positive)
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)	98.6%	97.8%	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)	96.9%	91.4%	85.5%	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 listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.7%	94.2%	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)	98.5%	93.0%	90.7%	Variation (positive)

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

Date of exercise	Summary of results
April 2018	Results on website. Consulting rooms were colour coded prior to the survey, but the survey suggested that a map of locations should also be in the waiting room. A map of the locations of the consulting rooms was observed by the inspector in the waiting area.

Any additional evidence

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	<p>Without exception the patients gave positive feedback about the practice. Patients told us they preferred to stay with the practice when they moved house to a neighbouring town on the outskirts of the practice catchment area. This was agreed with the practice.</p> <p>Patients told us they were always given a choice when referrals were made to secondary care.</p> <p>Patients told us that they were always consulted about care planning.</p>

## 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)	93.5%	91.7%	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)	95.6%	87.8%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95.2%	92.6%	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)	94.2%	88.5%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	155 Carers were identified - 2.2% of the practice population.
How the practice supports carers	The practice offered health checks to carers and referred them as appropriate to local care support organisations.
How the practice supports recently bereaved patients	The most appropriate GP initially made telephone contact with the bereaved next of kin. Ongoing support was then provided as agreed between the GP and bereaved.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	Seating was located away from the reception area Music was played in waiting area and outside consultation rooms to buffer any noise.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
Examples of specific feedback received:	

Source	Feedback
Patients	Patients told us they trusted the practice to act in confidence with their information.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:00
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	08:00-18:00
Friday	08:00-18:00
Appointments available	
Appointments available throughout the opening hours Outside the hours stated above services were provided by a local provider of out of hours services.	
Extended hours opening	
Wednesday 18.30 – 20.30	

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	Y
If yes, describe how this was done	
<p>Same day appointments were always available. Home visits were assessed by the duty doctor in consultation with the patient.</p>	

## 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)	90.4%	83.2%	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)	100.0%	86.2%	70.9%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	92.5%	84.8%	75.5%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	93.3%	81.9%	72.7%	Variation (positive)

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>The most recent comments on NHS Choices were:</p> <p>March 2017 Always helpful. I don't always see my preferred doctor quickly but I am happy to wait. Appointments are always offered on the same day for minor/acute illness.</p> <p>January 2017 I cannot fault the practice, each and every member of staff is approachable.</p> <p>I'm at my 4<sup>th</sup> GP practice and this is by far the best to the point I'd factor in the catchment when house hunting.</p>

## Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations.	Y
Information was available to help patients understand the complaints system.	Y

Complaints	Y/N
Number of complaints received in the last year.	6
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
<b>Additional comments:</b>	
All levels of complaints were captured on the system.	

Any additional evidence

# Well-led

## Leadership capacity and capability

### Example of how leadership, capacity and capability were demonstrated by the practice

### Vision and strategy

#### Practice Vision and values

The mission statement for the practice was developed with the practice staff through email contributions. The practice aim to provide a high quality service in a holistic and compassionate manner.

### Culture

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

Source	Feedback
Staff	Staff told us they enjoyed working at the practice and many had been at the practice over 10 years. Staff told us they were supported by GPs and managers who were all approachable and listened to suggestions.

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

Source	Example
Staff	One of the receptionists provides individual support and training for online services to patients. This has enabled patients to have greater access for example, patients are now more confident in ordering repeat prescriptions on line, increasing the numbers that now do use online services.
Staff	Patients are able to request prescriptions by email and the prescription personally replies to the patients. This was raised as some patients found it difficult to hand in the written requests and still found the online system difficult to manage.

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 and general manager	When a needle stick injury happened to a member of staff when a patient was having a procedure. The patient was fully informed and requested to take blood tests. The patient was invited into the practice to discuss the incident as part of the follow up.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff were concerned when an outside security light was broken. The practice quickly resolved the issue by replacing the lighting.
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	
	Y

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

Source	Example
Staff	The practice organises regular social events for all staff. Lunch is provided at staff meetings. Private physiotherapy is available to staff in the practice. Staff area of car park developed to help with moving and handling issues

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

Source	Example
Practice Manager & staff	Equality and diversity training for all staff Development of new roles in the surgery e.g. in connection with social prescribing

Examples of actions to improve quality in past 2 years

Area	Impact
Staff and Practice Manager	Redesigned appointment system to enable patients to see clinician of choice by moving blocked appointment slots for some clinicians to improve choice for patients.
Practice Manager	Extension of social prescribing

Examples of service developments implemented in past 2 years

Development area	Impact
Practice manager	Affiliation with Yorkshire Health Network (a federation of GP practices in Harrogate area) to provide extended hours services and a travel clinic.

### Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Practice meetings Specific staff group meetings e.g. administrative staff meetings, nurse meetings etc.
Practice specific policies	Death Protocol which reduces the risk of patients being contacted when deceased.
Other examples	
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

### Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	Y

### Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
IT risks	The practice was a victim of the cyber attack that affected parts of the

NHS. This identified a range of learning points. As a result the practice now has formal 'buddy' arrangements with a nearby practice giving them both more resilience.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Y

## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

	Method	Impact
Patients	PPG	Improved waiting room facilities
Public	Via CCG	Improved services to meet the needs of the local population
Staff	Staff meetings	Staff feel engaged with developments in the practice
External partners	CCG engagement	Engagement through the CCG ensures a needs based approach with co-ordination with other local practices.

### Feedback from Patient Participation Group;

#### Feedback

Newly formed in November 2017. Prior to this it was a loose structure with ad hoc involvement. Regular meetings now planned with agenda and minutes. The PPG have no concerns about the practice who were reported to be caring and inclusive.

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

Examples	Impact
Waiting room survey conducted by PPG.	Development of a site map to support the colour coding of consulting rooms that has helped patients navigate the surgery.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Letters Protocol	A redesigned letters protocol has a filter system to ensure that the right person receives GP letters. The protocol involves non clinical letters being handled by the practice manager or non-clinical staff and only those letters with clinical implications being sent on to GPs reducing the unnecessary administrative burden on GP's allowing for greater patient contact.
New induction process	The practice had a joint induction process with nearby practices ensuring staff were inducted in a timely manner and had supervision over a wide

range of skills prior to practicing alone.

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

Audit area	Impact
Child adrenaline auto-injector dosages	The audit identified that the device did align with current guidelines. High standards were maintained as a result of the audit.
Ladies with intra uterine devise (aged over 40 years)	Accurate recall dates were put in place. As a result patients were recalled and devises removed at correct intervals.
Asthma control	Improved uptake of asthma plans and better asthma control achieved by patients.

### Any additional evidence

The practice had conducted 23 separate audit subjects over the past two years. 10 of the audits had 2 or more cycles, 5 had 3 or more cycles.

In addition the practice had been involved in 12 research studies with the Yorkshire Research Network.

#### 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>