

Care Quality Commission

Inspection Evidence Table

Orchid House Surgery (1-542659025)

Inspection date: 1 May 2018

Date of data download: 26 April 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	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

Recruitment Systems	Y/N
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	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 30/4/18
There was a record of equipment calibration Date of last calibration:	Yes 30/4/18
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 July 2013
Actions were identified and completed. There were no actions needed from the previous fire risk assessment. The practice had liaised with the other GP practice which own the other parts of the building and a fire risk assessment had been booked for July 2018.	
Additional observations: The practice carried out a fire drill in August 2017 and recorded the time taken to evacuate the premises.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes Date was not recorded in notes.
Health and safety risk assessment and actions Date of last assessment:	Yes n/a
Additional comments: The practice had contracts in place for health and safety, for example, for legionella testing; equipment testing and calibration; and fire drills and logs. When needed, action was taken to maintain safety.	

Infection control	Y/N
<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>Yes</p> <p>15/3/18</p> <p>No actions were identified from the audit.</p>
The arrangements for managing waste and clinical specimens kept people safe?	yes

Risks to patients

Question	Y/N
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

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.	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	0.97	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)	13.5%	8.2%	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.	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
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	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 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

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	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.	11
Number of events that required action	11

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

Event	Specific action taken
Needle stick injury	<p>A staff member received a needle stick injury following blood extraction from a patient.</p> <ul style="list-style-type: none"> The correct procedure was taken by the member of staff after the incident. The patient and staff member were both counselled following the injury and bloods obtained for testing. The incident was logged in the accident book.
Suspicious emails	<p>The practice was made aware of some suspicious emails that had been received by patients, which appeared to be coming from the practice manager's assistant's email account. The emails were asking patients to respond to an invoice that was asking for money.</p> <ul style="list-style-type: none"> The practice contacted their IT support, who advised that it appeared the email address had been cloned. All patients affected were advised of this and requested to delete any emails from this account in the future. Patients were also advised that legitimate emails from Orchid House Surgery, would be coming from the practice manager's account.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The practice received alerts which were distributed appropriately to GPs. However, information contained in the alerts was not always followed up. We found an instance where an alert was received and not acted upon. This related to prescribing of sodium valproate to women of child bearing age. We raised this with the practice. The practice carried out a search that day and found two patients were affected. These patients were contacted for a review and a system implemented on the day of the inspection to ensure all relevant alerts were followed up in a timely manner.</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)	1.10	0.88	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)	84.8%	82.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.8% (81)	18.0%	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)	78.7%	78.5%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.2% (52)	12.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	80.3%	81.5%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (69)	17.3%	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)	78.8%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.6% (98)	11.7%	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 (01/04/2016 to 31/03/2017) (QOF)	92.4%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.3% (47)	16.0%	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)	82.9%	84.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (113)	5.3%	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)	77.4%	87.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (23)	9.6%	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)	49	49	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	54	55	98.2%	Met 95% WHO based target Significant Variation (positive)
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) (01/04/2016 to 31/03/2017) (NHS England)	54	55	98.2%	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) (01/04/2016 to 31/03/2017) (NHS England)	54	55	98.2%	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 (01/04/2016 to 31/03/2017) (Public Health England)	77.6%	74.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.2%	75.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	67.7%	62.5%	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)	82.3%	63.8%	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)	94.4%	91.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	40.0% (24)	14.0%	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)	97.5%	89.9%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	33.3% (20)	14.0%	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)	71.7%	86.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (10)	7.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	548	539
Overall QOF exception reporting	6.2%	6.6%	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

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)	97.7%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (5)	1.0%	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)	49.5%	51.6%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice obtained consent to care and treatment in line with legislation and guidance. For example, using consent forms for procedures and noted verbal consent on patient records.

Any additional evidence

Any further comments or notable training:

Orchid House Surgery had a structured appraisal process in place to ensure all staff received an appraisal each year. Protected time was given for training needs,

We requested information from the practice about these areas and they provided us with information which showed that some patients had been excepted without a medical reason.

They immediately put a plan into place to review exception reporting to determine whether patients had been correctly excepted and whether the records had been coded correctly. All patients who had been coded as declining a health review for a few years were put back into the recall system for them to be offered a review.

We found that the practice did not routinely check on results of cervical screening, but relied on patients to inform them if there were any concerns.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	8
Number of CQC comments received which were positive about the service	8
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	All comment cards received were positive about the service provision and the way patients were treated by the service. Patients considered staff to be kind and understanding. Patients also commented that staff explained treatment options and involved them in decision making. Words used included: excellent; highly professional; friendly; and listened [too]. Some cards mentioned specific clinicians by name.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
8,761	223	2.5%	138	61.88%

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)	83.9%	84.5%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	90.4%	91.3%	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)	94.6%	96.6%	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 (01/01/2017 to 31/03/2017) (GPPS)	91.1%	89.3%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	93.5%	93.7%	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)	91.6%	93.2%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
Ongoing	The practice collated information from NHS Choices, the Family and Friend test, the patient participation group and patients, throughout the year. One recurring concern was telephone access, which the practice monitored to enable patients to be able to contact the practice easily. They had arrangements in place to increase the number of staff answering telephones at busy times and had a dedicated line for home visit requests.

Any additional evidence
Members of the patient participation group provided us with feedback on their experiences as patients. Comments included reception staff being polite and responding to requests quickly. GPs and other staff were described as pleasant and welcoming and willing to listen. Some comments related to caring for older patients and the professional manner in which these patients were supported.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	All eight comment cards we received showed that patients were treated as individuals and were involved in treatment decisions.

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)	89.1%	90.1%	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)	84.8%	86.5%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	92.6%	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)	90.5%	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.	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.	On request
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	A total of 312 patients, which is approximately 4% of practice population have been identified as carers.
How the practice supports carers	There was information displayed in the waiting room about support services available to carers. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

Question	Y/N
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	A separate room was available if needed if a patient wanted privacy.

Question	Y/N
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
Source	Feedback
Comments cards	All eight comment cards we received confirmed that patients' privacy and dignity was respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30
Appointments available	
	From 8.30am or 8.40am in the morning.
Extended hours opening	
Monday to Thursdays	7.30am to 8am
Monday to Friday	6.35pm to 7.05pm

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	
<p>The practice had a separate telephone line for home visit requests, which patients could chose as an option when they contacted the practice. All requests for home visits were triaged by a GP to see whether they were relevant and necessary. The visits were usually carried out by the paramedic practitioner, who liaised with the duty GP about any concerns. This allowed for home visits to be made in the mornings. If a GP determine that a home visit was not needed, they would either invite them in for a consultation or contact a patient by telephone.</p> <p>The practice's tracker nurse, who was responsible for supporting patients with long term conditions, carried out home visits when needed and also attended ward rounds at a local community hospital twice a week. Weekly visits were made to patients living in care homes by the GPs.</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)	82.8%	83.8%	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)	67.5%	83.8%	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)	86.7%	84.4%	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)	77.2%	81.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Positive feedback had been posted on NHS Choices with patients commenting on staff being kind and helpful and listening to patients.
Friends and Family Test	Results from the FFT for the period January to March 2018 showed that on average 97% of patients were likely or extremely likely to recommend the practice to others.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	7

Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	7
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<ul style="list-style-type: none"> The practice monitored trends and themes from concerns and complaints and held regular meetings to ensure actions taken were monitored and completed. For example, a patient's relative was concerned that there had been a delay in diagnosis of a patient. The concern was investigated to determine what had occurred. Once the practice had gathered the facts it wrote to the complainant and explained possible reasons why the condition had not been diagnosed earlier. They practice apologised for any distress caused. The complainant made a suggestion that information related to the condition could be displayed in the waiting area, to inform to others of what signs to be aware of. The practice ensured relevant information was displayed. 	

Any additional evidence
<p>A member of staff could use British Sign Language and was able to assist patients who were deaf.</p> <p>The community paramedic and tracker nurse, were able to respond to patients' needs when required and would support with social needs as well as health needs. For example, the practice told us of a patient who needed admitting to hospital and a member of the practice staff cared for the family pet whilst the patient was in hospital. When needed GPs worked alongside the community paramedic and tracker nurse.</p> <p>Patients who identified as Trans People were signposted to relevant support groups and had a regular GP they could see, for continuity of care.</p> <p>Patients who were rough sleepers or had no fixed abode could use the practice address for correspondence.</p> <p>All nursing team appointments were a standard length of 15 minutes and longer appointments were available on request.</p> <p>The tracker nurse worked alongside the community over 75s team to provide support and care for patients at risk of unplanned hospital admissions. Extra support was provided when these patients were discharge from hospital by the nurse in the first few days after discharge to prevent unnecessary readmission.</p> <p>Patients with learning disabilities had annual reviews with the GPs and were encouraged to bring their yellow book along which helps them to express themselves more easily and provides information on</p>

essential medical information.

The practice had access to accessible standards of alternate communications, which included a hearing loop, translation services, large fonts, braille, sign language interpreters and picture guides.

The practice was working towards becoming a dementia friendly practice and this process was due to be signed off in May 2018. All staff had received online and face to face training on dementia care. The clinicians opportunistically carried out dementia screening and made referrals to appropriate services when needed, such as the memory clinic.

Patients with poor mental health were referred to the mental health team or signposted to an online self-referral scheme.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
The GPs and management team had implemented the community paramedic role in 2015 and had embedded the use of the paramedic in everyday practice in supporting patients who needed home visits. The paramedic was able to work autonomously and had support from the GPs when needed.

Vision and strategy

Practice Vision and values
The practice ethos was to work well as a team and provide the best care for patients. We observed cohesive teamwork throughout the inspection. Staff were clear on their roles and responsibilities and the vision and values of the practice.

Culture

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

Source	Feedback
Staff	All staff we spoke with considered they were supported in their work and encouraged to develop their competencies.

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

Source	Example
Staff	On the day of the inspection staff did not provide any specific examples of changes made to the practice as a result of feedback from staff. All staff spoken to considered that if they wanted to suggest ways to improve these would be listened too and acted upon.

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

Source	Example
Complaint	A relative contacted the practice regarding the delay in diagnosis of a patient's condition. The practice ensured the matter was thoroughly investigated and gave a detailed response of what had occurred. They had ensured that the patient's consent was obtained prior to any further contact with the complainant to ensure confidentiality. As a result of the concern the practice had put into place a suggestion made by the complainant to display information about the condition in their waiting room, to inform other patients of signs and symptoms to look for which may need to be reviewed by a GP without delay.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff said that they had no concerns and were confident that if there were any these would be fully addressed.
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
Risk assessments	The practice carried out health and safety risk assessments which included use of computers and screens. Appropriate adjustments were made when needed.

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

Source	Example
Policies and procedures	The practice had an equality and diversity policy and procedure which was accessible to staff.
Training records	All staff had completed equality and diversity training.

Examples of actions to improve quality in past 2 years

Area	Impact
Computer systems	The practice had a software package installed on its clinical systems which alerted them to contraindications when prescribing medicines for patients, to minimise risk.

Examples of service developments implemented in past 2 years

Development area	Impact
Clinical and non-clinical audits	<p>The practice carried out a range of audits and acted on the results when needed. For example, in 2017 an audit was carried out on patients aged 40 years old and younger who were diagnosed with high blood pressure.</p> <ul style="list-style-type: none"> • A search was carried out for all patients who were within this age range and had been recorded as having high blood pressure. • A total of 15 patients were identified and checks were made to ensure they had received a blood test which could indicate that they had a specific condition that was treatable and which one of the symptoms was high blood pressure. • Results showed that 10 patients had had this specific blood tests. • Arrangements were made for the remaining five patients to be tested. • As a result of this audit the practice implemented a policy that any patients with a new diagnosis of high blood pressure, who were within this age range, should have the necessary blood test carried out.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints	We saw the practice had implemented positive changes to the care and

and significant events	treatment of patients following reviews of complaints and significant event analysis. Lessons learned had been shared with staff on each occasion.
Practice specific policies	The practice had patient specific directives and patient group directives in place for administering injections and vaccinations. These were appropriately signed and authorised prior to a member of staff using them.
Other examples	The practice had a general email which was monitored daily and patients were able to contact the practice about matters which were not urgent.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Break in cold chain	<p>The correct process was followed when the practice became aware of the cold chain failure.</p> <ul style="list-style-type: none"> • The vaccine company was contacted for advice on whether the medicines were still safe to be used. • Data loggers were purchased for fridges to ensure if this occurred again, the practice would be aware of how long the fridges were out of safe limits. • Fridges also had their own specific electricity supply installed.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Information on website and in waiting room. Patient participation Group (PPG)	Information was available on the practice website and in the waiting room. The practice manager met regularly with the PPG to provide updates on service developments and improvements.
Staff	Annual appraisals.	Appropriate training identified by staff had been provided.
External partners	Locality meetings	The practice was working with other practices in the area, community hospital and the clinical commissioning group to provide care and treatment to patients in a joined up manner.

Feedback from Patient Participation Group;

Feedback
<p>The PPG are tasked to review the following on a regular basis and provide feedback to the practice:</p> <p>A. Phone stats to monitor demand</p> <p>B. Friends and family results to see if there are any areas of concern.</p> <p>The PPG said that the feedback was nearly always positive but like any practice there were small areas that could be worked on and the practice was proactive in making improvements where needed.</p> <p>PPG opinions were sought in relation to other areas as follows;-</p> <p>A. Decoration and upkeep in the waiting room.</p> <p>B. Local planning applications for care homes.</p> <p>C. Making sure the practice is dementia friendly.</p>

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

Examples	Impact
New artwork in waiting room younger patients said the artwork was old fashioned.	Enhancement of waiting area.

Continuous improvement and innovation

Examples of innovation	Impact on patients
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and improvements	
Purchase of QMasters software	Extra reminders for GP, enhances prescribing with links to current guidance and identifies contra indications of medicine
Joint working	Working with other GP practice in the locality and area on federated working/shared working.

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

Audit area	Impact
Prescribing	The practice had identified that its antibiotic prescribing was higher than national targets and was working with the clinical commissioning group and pharmacists to review prescribing habits and repeat prescription requests to determine whether they were relevant and necessary. There was also a focus on patient education and signposting patients to information on self-care to avoid unnecessary prescriptions of antibiotics.

Any additional evidence
The practice facilitated medical student placements and participated in an apprenticeship scheme for administration staff.

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>