

Care Quality Commission

Inspection Evidence Table

The Highfield Medical Centre (1-641213793)

Inspection date: 3 May 2018

Date of data download: 01 May 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
Explanation of any 'No' answers:	

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.	No
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>Hepatitis B vaccination was offered, however we saw no evidence to demonstrate that the practice was offering full vaccination screening in line with Department of Health recommendations in relation to MMR and varicella (chicken pox).</p>	

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 July 2017
There was a record of equipment calibration Date of last calibration:	Yes February 2018
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	No
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes February 2018
Actions were identified and completed: The majority of actions had been completed, however some actions made reference to areas which would be addressed as part of the practice refurbishment.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes February 2018
Health and safety risk assessment and actions Date of last assessment:	Yes December 2017
Additional comments: The practice had been advised by a fire specialist that fire drills were not required. The provider had sourced additional training to support staff in the role of fire marshal and this was scheduled to take place in July 2018.	

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: Yes</p> <p>Detail: At the time of our inspection the infection control lead was booked to attend additional training the following week. Once infection control training had been completed they would then carry out another audit.</p> <p>We saw that findings from the audit in November 2016 had been actioned and as a result of this the cleaners hours had been increased.</p>	<p>Yes</p> <p>November 2016</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

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.	N/A
Referral letters contained specific information to allow appropriate and timely referrals.	N/A
Referrals to specialist services were documented.	N/A
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
Explanation of any 'No' answers: At the time of inspection the practice were experiencing some IT issues which restricted our ability to look at care records and referrals.	

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)	1.05	0.98	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)	3.8%	6.4%	8.9%	Variation (positive)

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
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.	N/A
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
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

Additional Information:	
During our inspection we noted that two PGDs were out of date. We discussed this with the provider during the inspection and were advised that these would be updated.	

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.	61
Number of events that required action	61

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

Event	Specific action taken
Appointment related issues identified where this has resulted in an incident or near-miss.	<ul style="list-style-type: none"> The new partners have implemented changes to the appointment system to ensure enough time is spent with each patient. Sessions have been reduced from 16 to 12 appointments and the length of appointment has been increased from 10 minutes to 15 minutes. This was to give the clinician more time to get a good understanding of patients' needs whilst still meeting patient demand for access to the service.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: The practice had a dedicated GP lead who reviewed and circulated all alerts. We saw evidence that alerts were discussed during clinical meetings.	

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)	0.91	0.73	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)	76.8%	77.5%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (3)	11.6%	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)	84.4%	77.2%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.9% (46)	8.8%	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)	82.4%	79.6%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.5% (54)	12.7%	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)	77.8%	75.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (6)	7.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.8%	88.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.0% (12)	9.4%	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)	84.4%	84.0%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (45)	4.2%	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)	88.9%	90.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (6)	10.7%	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)	61	62	98.4%	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) (01/04/2016 to 31/03/2017) (NHS England)	56	58	96.6%	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) (01/04/2016 to 31/03/2017) (NHS England)	54	58	93.1%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	54	58	93.1%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	71.8%	74.2%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.2%	68.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	52.0%	57.9%	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)	75.9%	64.6%	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)	26.3%	87.7%	90.3%	Significant Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (2)	11.1%	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)	68.4%	86.0%	90.7%	Variation (negative)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (2)	9.2%	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 (01/04/2016 to 31/03/2017) (QoF)	80.0%	85.8%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (2)	6.9%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	533	538	539
Overall QoF exception reporting	5.0%	4.9%	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)	94.0%	95.0%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (6)	0.8%	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)	26.9%	49.3%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice was able to monitor that consent was sought for interventions through the patient records. Consent for procedures such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.

Any additional evidence

The negative variations relating to mental health indicators relate to data captured during 2016/17 QOF. At this time the new partners were not involved with the practice.

The new partners were working with voluntary organisations to improve mental health services including an onsite mental health worker for patients to access.

We were able to review minutes of quality review meetings between the practice and the Clinical Commissioning Group (CCG) in which we saw the practice QOF results for 2017/18 were lower than the previous year. At the time of our inspection these figures were not validated and have not been included in the report.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	6
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comment cards	Patients commented very positively about the patient services team and the clinicians at the practice.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,900	332	7	92	27.71%

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)	72.0%	84.7%	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)	90.5%	91.0%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	96.7%	95.9%	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)	81.2%	88.8%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	80.0%	93.1%	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)	85.6%	93.5%	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
December 2017	We were able to review the comparative results of patient surveys undertaken by the practice and saw an improvement in patient satisfaction across all areas. For example;
February 2018	
April 2018	When asked how they would rate the care they had received and overall experience, only 19% responded with an answer of very good. This increased to 41% in February 2018 and again to 62% in April 2018.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We spoke with one patient regarding involvement in decisions about care and treatment. The patient had not been registered with the practice long but told us they had been given appropriate advice from the nurse practitioner.

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)	85.8%	88.1%	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)	81.3%	84.3%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	82.3%	89.5%	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 (01/01/2017 to 31/03/2017) (GPPS)	76.0%	88.6%	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.	Yes
Information about support groups was available on the practice website.	No

Carers	Narrative
Percentage and number of carers identified	254 (5%)
How the practice supports carers	<p>The practice identified patients opportunistically. They had posters on display throughout the practice and a dedicated section on the website requesting that patients contact the practice if they acted in the role of carer.</p> <p>The practice signposted carers to voluntary organisations and were in the process of organising a monthly carers supported group to be hosted at the practice.</p>
How the practice supports recently bereaved patients	The practice provided support to the families of recently bereaved patients and offered them an appointment at a time and place most suitable to them.

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	<p>Examinations were carried out in dedicated rooms located off the consultation room to ensure patients' privacy and dignity was respected.</p> <p>Reception staff were aware that if a patient wanted to discuss something of a confidential nature then they should be taken to a side room to ensure privacy was maintained.</p>

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

Responsive

Responding to and meeting people's needs

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

Appointments available: Patients could access same day appointments or book up to two weeks in advance. In addition, telephone consultations were available and home visits where clinically necessary.

Extended hours opening: The practice worked with other practices in the locality to offer extended hours from 8am until 4pm on Saturday and 8am until 12pm on Sunday.

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	
Requests for home visits were sent to the GP/ANP who would assess if this was 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)	88.5%	89.4%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	90.4%	82.7%	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)	79.0%	80.3%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	77.7%	78.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	A number of the comment cards made positive reference regarding access to services as a result of the new partnership.

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.	0
Number of complaints we examined	0
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>At the time of inspection the new partnership had not received any new complaints. The practice had been extremely proactive with patient surveys requesting that patients make them aware of any issues they had experienced.</p> <p>The information received from patients via this route was fed into the practice action plan for improvement works. For example; a number of patients had raised concerns regarding mental health services. As a result the practice was engaging with stakeholders to establish additional health and wellbeing services on site at the practice.</p>	

Well-led

Leadership capacity and capability

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

All of the staff we spoke with felt happy, safe and supported by the new partnership. The practice held regular meetings and engaged with staff to ensure learning and development was promoted. We saw evidence of poor performance having been addressed within the practice.

Vision and strategy

Practice Vision and values

To offer the highest quality primary health care to our patients.

To enable our patients to live longer and healthier lives that are full, active and meaningful.

Culture

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

Source	Feedback
Staff member	Fully supported by all staff. Able to approach and discuss anything.
Staff member	There is a much more positive morale since new management.
Staff member	Manager support is daily and they are all approachable.

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

Source	Example
Incident reporting/Staff feedback	<ul style="list-style-type: none"> - Development of a turnaround plan enacted in December 2017 (supporting a managed transition in partnership). - Wholesale changes in the appointment system and recall processes.

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

Source	Example
Complaints	We saw that the new partners had responded to complaints which had been raised prior to their involvement in the practice and attempted to resolve these.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Incident reporting/staff feedback	<ul style="list-style-type: none"> - Introduction of an appropriate clinical governance policy, coding templates and clinical protocols. - Sufficient capacity and clarity to ensure appropriate management of all test results.

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 equality and diversity for staff

Source	Example
Policy and procedure	We saw there was a policy in place and that recruitment procedures ensured equality.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical templates	We saw clear evidence of improved governance systems including implementation of clinical templates to ensure standardised care in line with current evidence based guidelines.
Reception/Administrative Protocols	The new partners had introduced a number of protocols to support reception and administrative staff in their roles. For example; a reception telephone triage, clerical workflow protocol and scanning.

Examples of service developments implemented in past 2 years

Development area	Impact
Appointment review	The practice had undertaken a review of the appointment system and increased standard appointments from 10 minutes to 15. They actively promoted a 'more than one problem, no problem' attitude to patient appointments and had strong emphasis on understanding patients' needs. This was to give the clinician more time to get a good understanding of patients' needs whilst still meeting patient demand for access to the service.
Stakeholder engagement	The practice was working with other stakeholders to hold additional services in-house. For example; ultrasound, dermatology services and a mental health worker.

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	The practice had effective systems in place to identify, record, document and learn from significant events and incidents. We saw evidence of lessons learned being shared with staff through minutes of meetings and a newsletter which analysed themes and trends over a 12 month period.
Practice specific policies	The policies we reviewed were in date and accessible to practice staff.

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
Competency and capacity issues	The partners had responded to these risks by increasing the length of appointments; recruited additional clinical staff and formalised plans to complete a full refurbishment project of the premises.

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	Patient survey	The practice had undertaken a number of patient surveys to monitor patient satisfaction and obtain feedback regarding any issues.
Public	Practice website	The practice used the website to provide information regarding the changes and rebranding, information videos and links and an outline of services provided.
Staff	Freedom to speak up meetings	The new partners had engaged with staff via confidential, one to one meetings to address any individual issues and used this information to form part of the wider business turnaround plan.
External partners	Engagement with local councillors	At the time of our inspection the practice were working with local councillors to form a Patient and Public Advisory Board to function as an oversight committee.

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

Examples	Impact
Patient Surveys	As a result of patient feedback via patient surveys the practice had made the following improvements:

	<ul style="list-style-type: none"> - Sexual health clinic: The practice had responded by appointing an Advanced Nurse Practitioner with special interest in sexual health. - Female GP: The practice had responded by recruiting a salaried female GP.
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Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Rebranding and premises refurbishment	<p>At the time of our inspection the practice were working with the Clinical Commissioning Group to rebrand the practice and were about to commence planned refurbishment of the premises.</p> <p>Upon completion of the refurbishment the practice would be able to accommodate additional services and planned to host the following:</p> <p>Dermatology Ultra-sound Gastroenterology</p> <p>This would enable patients to access care closer to home.</p>

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>