

# Care Quality Commission

## Inspection Evidence Table

### Thorns Road Surgery (1-4568588610)

Inspection date: 18 June 2018

Date of data download: 08 June 2018

- Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17. Data used is from the previous provider registered at Thorns Road Surgery.

## Safe

### Safety systems and processes

Safeguarding	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.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
GP and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
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 *
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:  *Vulnerable adults were coded but not highlighted e.g. with a major alert. This was actioned on the day of the inspection.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes*
Staff vaccination was maintained in line with current Public Health England (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.	No
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>*Staff checks did not include a physical and mental health assessment on staff and the system for checking professional registration was not formalised. These were actioned on the day of the inspection.</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 07/06/2018
There was a record of equipment calibration Date of last calibration:	Yes 21/05/2018
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	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 16/04/2018
Actions were identified and completed.	Yes
Additional observations:  Risks identified with evacuation from first floor had not been actioned.	N/A
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes  7/6/2018
Health and safety risk assessment and actions Date of last assessment:	Yes 7/6/2018
Additional comments:  A security risk assessment had not been completed. Risk assessments included legionella but not hard wire testing.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>Minor surgery was carried out in a dedicated room.</p> <p>Disposable curtains were changed every six months or sooner if required.</p> <p>Fabric chairs had been replaced by a wipeable plastic chair.</p>	<p>Yes</p> <p>June 2018</p> <p>Yes</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>There were suitable arrangements for storage and disposal of clinical waste through an approved third party.</p>	

Any additional evidence
<p>Some actions from the most recent infection prevention control audit had not been completed. However these were minor risks and were still within the target timescale for completion. For example, the practice planned to introduce colour coded cleaning utensils.</p>

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:  All staff had discussed sepsis and there had been a staff handout detailing the signs to be looked for using the 'SEPSIS' acronym.	

## 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
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
Explanation of any answers:  N/A	

## Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	0.93	0.99	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)	4.1%	5.9%	8.9%	Variation (positive)

Medicines 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 Patient Group Directions or Patient Specific Directions).	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).	No Controlled Drugs kept on the premises
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs 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.	Yes
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 General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
<p>Explanation of any answers:</p> <p>Emergency medicines did not include pain relief (e.g. diclofenac) or rectal diazepam or dexamethasone for croup.</p>	

### 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.	Three
Number of events that required action	Three

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
A vaccine fridge had the temperature recorded outside of the manufactures' parameters for three days with no clinician informed.	The protocol for ordering and storing vaccines was followed. Vaccines affected were destroyed following guidance from the supplier. One to one training was provided to each reception staff member and the event was discussed at the clinical and practice meeting.
Two sharps bins were not closed correctly and had opened in the clinical waste container.	All staff were reminded in writing of the procedure for correct disposal. The event was discussed at a practice meeting.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Patient safety alerts were cascaded and discussed at practice meetings. The pharmacist managed the end to end process for Medicines and Healthcare products Regulatory Agency (MHRA) alerts. However, the process did not include a formal record that action has been taken.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.92	0.92	0.90	Comparable to other practices

## People with long-term conditions

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)	88.3%	81.0%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.8% (18)	5.7%	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)	80.5%	79.3%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.3% (10)	4.7%	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)	79.1%	83.0%	80.1%	Comparable to other practices



31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (11)	8.7%	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)	84.7%	77.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (1)	1.9%	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 (01/04/2016 to 31/03/2017) (QOF)	96.0%	94.2%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (7)	10.3%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	91.1%	85.6%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.1% (1)	1.7%	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,	82.4%	86.5%	88.4%	Comparable to other practices

the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.1% (7)	5.3%	8.2%	

## Families, children and young people

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)	18	19	94.7%	Met 90% Minimum (no variation)
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)	48	49	98.0%	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)	48	49	98.0%	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) (01/04/2016 to 31/03/2017) (NHS England)	47	49	95.9%	Met 95% WHO based target Significant Variation (positive)

### Any additional evidence or comments

The patient recall system was supported by a designated member of the administration team who proactively followed up patients who did not attend.

## Working age people (including those recently retired and students)

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	69.8%	72.7%	72.1%	Comparable to other practices

(01/04/2016 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.3%	72.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.8%	55.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	81.8%	60.8%	71.2%	N/A
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)	55.6%	56.1%	51.6%	Comparable to other practices

### People experiencing poor mental health (including people with dementia)

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)	100.0%	94.4%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	23.7%	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)	96.4%	94.3%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	17.2%	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)	100.0%	76.2%	83.7%	Variation (positive)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (1)	10.3%	6.8%	
Any additional evidence or comments				

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	531	539
Overall QOF exception reporting	2.8%	4.0%	5.7%

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

### Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.0%	95.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.1% (1)	0.5%	0.8%	

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
A standard form to record consent was completed appropriately.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	15
Number of CQC comments received which were positive about the service	10
Number of comments cards received which were mixed about the service	5
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC Comment Card	Very good service, all staff are very helpful.
CQC Comment Card	Excellent service throughout the practice.
CQC Comment Card	Very good service but sometimes it is difficult to get an appointment.
NHS Choices	I feel that I have received poor service from the practice.
NHS Choices	I was unhappy with the treatment provided.
Friends and Family	I usually get an appointment quickly.
Friends and Family	Very polite staff and very friendly.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,388	280	114	40.71%	8%

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)	70.4%	76.4%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	74.8%	89.0%	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)	86.9%	96.3%	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)	67.8%	85.1%	85.5%	Variation (negative)
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)	90.0%	92.5%	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)	95.8%	91.7%	90.7%	Comparable to other practices
<b>Any additional evidence or comments</b>  The practice was aware of the GP patient survey results. The data was captured at a time when the new registration had not been completed and the complement of GPs was different to those in post on the day of the inspection.				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with six patients who were all positive about the patient involvement in decisions about their care. They complemented the clinicians on providing a personal service.
CQC comment card	It is nice to be listened to and concerns acted on.
CQC comment card	The nursing staff are very good when needed for advice and treatment.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	70.7%	87.4%	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)	65.6%	82.5%	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)	94.0%	91.0%	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)	85.2%	88.5%	85.4%	Comparable to other practices
<b>Any additional evidence or comments</b> No				

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.	Yes

Carers	Narrative
Percentage and number of carers identified	35 (1% of the patient list)
How the practice supports carers	Carers were offered annual flu immunisations and health checks. However, there was no formal patient recall system. There was no carers pack in place although one was planned.
How the practice supports recently bereaved patients	A sympathy card was sent out to recently bereaved patients. A bereavement survey was sent out to ask if needs had been met and treatment was appropriate and if the patient died in the place of choice. An audit was done annually on end of life and palliative care.

## 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 privacy screen was in place at the reception desk so phone calls were not overheard. A TV monitor provided background noise to support confidential conversations held at the reception desk.

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

Examples of specific feedback received:

Source	Feedback
Patient Group	The practice provides a high level service of personal care.



NHS Choices	I feel that the service is poor and receptionist staff can be rude.
CQC comment card	The staff on reception are always polite.

The provider had only become aware of the feedback posted on the NHS Choices website in the week leading up to the inspection. They planned to respond and treat any negative comments as a complaint.

## Responsive

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 8pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Appointments available	
GP appointments	Earliest was 9.30am and the latest was 7.30pm
Nurse appointments	Earliest was 8.30am and the latest was 6pm
Extended hours opening	
Monday evening each week	6.30pm to 8pm
One in six Saturday mornings as part of a collaborative locality scheme that enabled patients to see a GP on a Saturday morning. Each Saturday one of the local practices opened for both registered and non-registered patients.	Opening times varied for Saturday mornings but the duration was always one and three-quarter hours.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Home visit request details were recorded and immediately passed to a GP for assessment. Patients who may require an urgent visit are contacted by the GP for further assessment.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3,388	280	114	40.71%	8%

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)	82.6%	80.9%	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)	89.6%	66.4%	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)	75.0%	72.6%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	78.0%	70.6%	72.7%	Comparable to other practices
<b>Any additional evidence or comments</b> No				

### Examples of feedback received from patients:

Source	Feedback
NHS Choices	It is very rare not to get an appointment the next day when using the online booking service.
Conversations with patients	Routine appointments are provided in a timely manner and urgent appointments are always given on the same day.
CQC comment card	Availability of appointments has improved recently.
CQC comment card	It is usually easy to get an appointment without waiting too long.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
There was no system for recording and analysing verbal complaints. Verbal comments from patients were added to the patient record but this data was not captured to allow analysis and possible resultant action to take place.	

Example of how quality has improved in response to complaints
All raised prostate results are reviewed at clinical meetings.
All staff were told to not hold back a repeat prescription request when a medication review is overdue.

## Well-led

## Leadership capacity and capability

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

The new management team had implemented new systems to help improve the coordination of patient care. For example, the practice had introduced a text alert service that reminded patients of their appointment day and time. The practice had purchased an electronic system for recording correspondence e.g. referrals from GPs for the administration staff to type.

## Vision and strategy

## Practice Vision and values

No mission statement was in place but there was a set of values to deliver a high standard of care, to value and develop staff and to have open and transparent communication.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice staff spoke of a patient centred culture and a personal service. For example, a motorised bed had been procured for the minor surgery room to assist patients with physical disabilities.

## Governance arrangements

**Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.**

Practice specific policies	We reviewed practice specific policies for safeguarding, prescribing and chaperoning. These were all relevant, up to date and in accordance with nationally recognised guidelines.	
Other examples		
		Y/N
Staff were able to describe the governance arrangements		Yes
Staff were clear on their roles and responsibilities		Yes

## Managing risks, issues and performance

Complaints	Y/N
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
General risks	An individual risk assessment had been carried out on each room within the building.
Specimen handling	Staff had adopted a 'no touch' approach for accepting specimen samples from patients.

## Appropriate and accurate information

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

Any additional evidence
The provider had submitted an appropriate application to the CQC to update the registration of the practice.

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

### Feedback from Patient Participation Group;

Feedback
There was positive feedback from the Patient Participation Group. They felt that the practice offered a high level of service with continuity in seeing the same clinicians.

## Continuous improvement and innovation

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

Audit area	Improvement
Urinary tract infection audit	A two-cycle audit had resulted in an improvement from 55% to 78% of patients being given three days of antibiotics in accordance with NICE guidelines
Risk of pulmonary fibrosis from long-term use of a specific antibiotic used to treat bladder infections	All patients on the medication had been contacted and discussions held about the potential long-term effects and what alternative medicines were available.

## DO NOT DELETE THE NOTES BELOW

### 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>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ( [See NHS Choices for more details](#) ).