

Care Quality Commission

Inspection Evidence Table

Beech Tree Medical Practice (1-3210121319)

Inspection date: 10 May 2018

Date of data download: 30 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
Explanation of any 'No' answers:	
* Safeguarding in the main was appropriately managed and systems were in place and whilst staff were aware of what to do in the event of a safeguarding issue, the practice did not have an adult safeguarding policy available. There were flowcharts and contact telephone numbers available on walls in all rooms and reception. The practice submitted an adult safeguarding policy following our inspection.	

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
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: October 2017	Yes
There was a record of equipment calibration Date of last calibration: October 2017	*Yes
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: 25 February 2014	Yes
Actions were identified and completed.	Yes
Additional observations: Fire drill due now. Comprehensive fire policy in place	Yes
Health and safety Premises/security risk assessment? Date of last assessment: General risk assessment April 2016	Yes
Health and safety risk assessment and actions Date of last assessment: April 2016	Yes
Additional comments: *The practice had patients who used self-test blood coagulation machines and there was no system in place to ensure these were calibrated.	

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: April 2018 The provider acted on any issues identified</p> <p>Detail: There were no actions outstanding</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Any additional evidence

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.	No
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
<p>Explanation of any 'No' answers:</p> <p>Reception staff had not received specific training on sepsis but reported they referred all clinical issues to the GPs for a decision. Staff would contact the GP if patients deteriorated whilst waiting for their appointment.</p>	

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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
Explanation of any 'No' answers:	

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.15	0.92	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)	8.0%	9.2%	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).	No
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. If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes *
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes
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
<p>Explanation of any 'No' answers:</p> <p>PGDs which had been in place for some time were all appropriately signed by staff and the authorising person. However, we found four new PGDs relating which commenced in March and May 2018 which were still awaiting signature from all staff prior to being signed by the practice manager.</p> <p>The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines but we noted that there were two items of glucose which had expired in March 2018. The member of staff who had checked these had been unable to ascertain an expiry date and believed there not to be one for this specific product. There were other items of this medicine available which were in date. The out of date medicines were removed immediately by the practice.</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.	9
Number of events that required action	9

Example of significant events recorded and actions by the practice;

Event	Specific action taken
Symptoms requiring a referral via 2 week wait were not actioned and treated with antibiotics.	Raised at clinical meeting and discussed and guidelines highlighted to GPs.

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>Satisfactory system. Printed off by practice manager and disseminated to staff. Searches were carried out and any given to GPs to decide on action to be taken. These were written up, logged and filed.</p>	

Any additional evidence

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.56	1.00	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)	82.8%	80.5%	79.5%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.2% (47)	11.3%	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)	86.2%	78.4%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.5% (35)	7.7%	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)	76.7%	79.6%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (44)	10.4%	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)	78.6%	78.6%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (9)	3.6%	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)	93.2%	90.3%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (8)	10.6%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	82.1%	82.7%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.9% (7)	2.7%	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, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QoF)	84.8%	83.9%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	28.3% (13)	9.3%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	68	70	97.1%	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)	48	61	78.7%	80% or below Significant variation (negative)
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)	58	61	95.1%	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)	58	61	95.1%	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)	63.8%	71.4%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	61.7%	67.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	53.5%	52.6%	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)	42.1%	77.9%	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)	96.7%	88.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (5)	10.3%	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)	100.0%	91.6%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (3)	7.2%	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)	93.8%	81.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552	540	539
Overall QOF exception reporting	8.2%	5.1%	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.	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, for example, nurses.	Yes
If no please explain below: Any further comments or notable training:	

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)	99.6%	94.9%	95.3%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (3)	0.5%	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)	52.9%	53.5%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

Verbal consent for joint injections. There is a system for written consent for when appropriate.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	14
Number of CQC comments received which were positive about the service	14
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	Comment cards we received referred to helpful and understanding clinical and administrative staff and ease of accessing appointments. There had been six comments left on NHS Choices three of which were very positive expressing satisfaction with helpful and friendly clinical staff and being listened to. There were statements demonstrating how staff had assisted patients in achieving appropriate appointments in venues they could access and in accessing appropriate medication. Two comments on NHS Choices expressed negative experiences with getting an appointment and unhelpful reception staff. We noted the practice manager had responded and requested the patients to contact them directly to enable them to respond to their specific issues.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,158	311	2%	111	35.69%

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)	76.5%	76.6%	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)	79.6%	87.1%	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)	88.1%	94.7%	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)	76.2%	84.1%	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)	90.7%	90.5%	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) (GPPS)	77.6%	90.0%	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
November/Dec 2017	<p>The practice distributed 150 questionnaires and all were returned. This represented 3% of the practice list size. The main area that patients provided a lower response to was getting through on the telephone. The practice introduced measures to address this by employing another member of reception staff and also increasing reception staff at busy periods.</p> <p>The practice's own survey showed that 92% of patients had confidence and trust in the last GP they saw and 84% of patients felt the nurse or GP involved them in decisions about their care. Eighty-seven percent of patients who responded said the GP or nurse took time to answer questions about their health. Overall the number of patients who said they would recommend the practice to a friend or relative was 90%.</p>

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with talked positively regarding their involvement in decisions about their care and told us the GPs and nurses explained their condition and choices of care and treatment available to them.

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)	80.7%	85.0%	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)	77.2%	80.0%	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)	84.6%	89.3%	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)	79.7%	84.7%	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.	Yes

Carers	Narrative
Percentage and number of carers identified	29 - This is less than 1% of the practice list size. The practice was aware of this and were continuing to explore ways of increasing the number of carers.
How the practice supports carers	The practice offered flu immunisation and health checks. They collated carers packs which were kept in reception and given to carers. These provided useful information of how to access additional support and other resources. There were also posters and leaflets around in the waiting areas requesting patients who are carers to register themselves with the practice.
How the practice supports recently bereaved patients	The practice sent a bereavement card to relatives and carried out a home visit to provide support if the GP felt it was appropriate.

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	There is a stand several feet away from the reception desk which encourages patients to stand back whilst the previous patient is in discussion with the receptionist.

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:	Yes

Source	Feedback
Comment cards	Patients commented that their privacy and dignity was respected when attending the practice.

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
<p>Appointments available – Appointments were available on the day, in advance and there were appointments for emergencies. The practice also carried out home visits if requested.</p>	
<p>Extended hours opening – Extended hours appointments were provided on Wednesdays from 6:30 until 7:30pm. Patients were also able to book extended hours appointments via the Coventry and Rugby GP Alliance as Beech Tree Surgery was the hub for the area and appointments were offered every evening from 6:30 until 9pm and Saturday mornings from 9am until 12pm.</p>	

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Y
If yes, describe how this was done	
<p>Reception staff told us that details were taken and submitted immediately to the on call GP who would call the patient back to determine whether a home visit was required or if more information was needed.</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)	79.6%	79.8%	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)	77.9%	70.9%	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)	75.6%	71.9%	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)	76.6%	71.8%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients we spoke with and comment cards reported satisfaction regarding access to the service. The practice's own patient survey showed high levels of satisfaction in most areas and were in line with the national GP survey results.

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.	4
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Information regarding how to complain was on the reception desk together with leaflets and forms for completing suggestions and comments to the practice.	

Any additional evidence
The practice also collected and acted upon verbal complaints. There was a folder to facilitate this process.

Well-led

Leadership capacity and capability

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

Vision and strategy

Practice Vision and values
<p>The practice had a vision and mission statement which was displayed in the practice.</p> <p>'We aim to provide a friendly, yet effective family doctor service and promote a healthy lifestyle to all our patients'</p>

Culture

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

Source	Feedback
Staff	We spoke with staff who told us they were aware of the mission statement. Staff told us they were well supported by both the GPs and the practice manager.

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

Source	Example
Staff	Nursing staff raised with the practice that they required allocated time to deal with administrative functions of their role. This was discussed at a practice meeting and the nurse told us it was agreed by the partners and they were allocated a half an hour daily to deal with these tasks.

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

Source	Example
Patient complaint	Patient complained that a relative was not visited at a care home. The practice investigated this and discussed at a practice meeting and agreed to lower the threshold for visits to care homes to prevent a recurrence of this.

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

Source	Example
Practice health and safety risk assessments	The practice had a range of risk assessments that covered all areas of the practice and staff working conditions. These were checked and updated as needed.

Staff training matrix	The practice had access to an online training system to provide easy access to mandatory training, both on induction and ongoing. For example, fire safety training, infection prevention and control and manual handling procedures.
Staff records	Staff immunisation records were kept by the practice to ensure relevant staff and patients were protected appropriately.
Staff records	Staff had received an annual appraisal to assess learning needs and were given protected time to undertake training.

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

Source	Example
Staff training programme	All staff had access to equality and diversity training via the online training system and had accessed this.

Examples of actions to improve quality in past 2 years

Area	Impact
Audit - Diabetes	The practice had carried out an audit regarding patients with diabetes to determine if any patients had microalbuminuria and then established if they were on the appropriate treatment in line with Area Prescribing Guidelines.
Audit programme - COPD	The practice had audited the records of patients with COPD to determine they were on the appropriate treatment based on severity in line with NICE guidelines.
Audit – Two week wait	One of the GPs had carried out an audit to determine the timely referral of two week waits, from doctors' decision to referral being sent from the practice. They also checked to see if the patient was seen within the two week period by the hospital consultant.
Audit of patients taking sodium valproate.	In response to patient safety alerts regarding taking the medicine sodium valproate in pregnancy, the practice had carried out an audit and had four patients taking this medicine. Two of these were of child bearing years and were written to and requested to attend an appointment.

Examples of service developments implemented in past 2 years

Development area	Impact
Coventry & Rugby GP Alliance	The practice had joined the local GP Alliance in order to provide improved access to appointments outside of core hours. They will also be working to develop initiatives in the future to improve services for all patients in the local CCG area.
	The practice had introduced Prescription Ordering Direct (POD) to allow patients to access their repeat medicines more easily.

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 a process for dealing with complaints and significant events and we saw evidence that this was followed,
Practice specific policies	Yes
Other examples	
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
Legionella	The practice had commissioned legionella testing by an external company who had found legionella present and made recommendations which the practice had followed. A further legionella water test had been carried out one week prior to our inspection which showed legionella continued to be present. The practice manager confirmed they had assessed the risk and intended to continue to follow the new recommendations of daily flushing, changing of the shower hose and pipe and would retest in three months.

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	PPG	The practice had been unable to form a PPG but had taken measures to establish a virtual PPG where they gained views from 8 members of the practice. They continued to advertise using posters in the practice requesting patients to form a group.
	Comments & suggestions	In the absence of a PPG the practice had introduced a comments and suggestions box and had conducted their own patient survey to gain the views of patients and acted on their responses, along with NHS Friends & Family and NHS Choices.
	Practice own patient survey	
	NHS Choices Friends & Family	
Staff	Staff meetings	Quarterly meetings and regular daily communication and open door policy allowed staff to express any concerns and share ideas.
External partners	Food bank	The practice has worked with local organisations and introduced a 'Food Bank' drop off point within the waiting area where donations can be left.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Early identification of dementia	The practice had introduced screening of high risk groups for memory loss of patients at risk of developing dementia
Staff training	The practice had trained staff to be 'Dementia Friendly' to allow them to understand the challenges of patients with this condition and provide assistance.

Any additional evidence

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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>