

Care Quality Commission

Inspection Evidence Table

Dr Amos Ramon (1-499374636)

Inspection date: 16 May 2018

Date of data download: 25 April 2018

Safe

Safety systems and processes

Source	Y/N
There were lead members 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
Any additional evidence	
We were provided with a letter from the Chair of Lincolnshire Multi-Agency Risk Assessment Conference (MARAC) which congratulated a member of staff at the practice for their integrity, astuteness and swift response in the case of a particularly difficult and high risk safeguarding concern.	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 20 February 2018	Yes
There was a record of equipment calibration Date of last calibration: 4 May 2018	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: 31 August 2017	Yes
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment: May 2018	Yes
Health and safety risk assessment and actions	

Date of last assessment: May 2018	Yes
Infection control	Y/N
Risk assessment and policy in place	Yes
Date of last infection control audit: 22 March 2018	
The provider acted on any issues identified	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes

The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
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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)	1.19	1.19	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)	10.3%	10.5%	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 PGD's).	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.	Yes
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.	Yes
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	Yes
The practice had a defibrillator	Yes
Both were checked regularly and this was recorded.	
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

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary?	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
Any other comments on dispensary services:	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	11
Number of events that required action	Eight

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

Event	Specific action taken
Aggressive patient	Conflict resolution training to be completed by all staff
Confusion over which sample pot was required.	The practice had introduced a form that instructed staff on what sample pot was required and to ensure that it is directed to the appropriate testing.
Significant events were discussed at practice meetings.	

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
The practice keeps a live spreadsheet with all relevant safety alerts, with date of receipt, nature of the alert and what action has been taken in respect of it, including at which meetings they have been discussed.	

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)	0.69	1.50	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)	76.0%	80.1%	79.5%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (31)	9.6%	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)	64.1%	81.0%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (30)	8.3%	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)	74.8%	81.8%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.3% (36)	14.6%	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)	41.0%	77.2%	76.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.9% (15)	12.1%	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)	50.0%	87.7%	90.4%	Significant Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.0% (16)	11.9%	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)	64.6%	84.1%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (47)	3.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	83.9%	90.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (7)	5.2%	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)	80	83	96.4%	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)	86	93	92.5%	Met 90% Minimum (no variation)
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)	83	93	89.2%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps	87	93	93.5%	Met 90% Minimum (no variation)

and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)				
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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)	72.8%	72.5%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.0%	73.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	56.5%	58.3%	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)	21.3%	60.7%	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)	25.0%	85.4%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (1)	21.8%	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)	28.1%	84.5%	90.7%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.0% (1)	16.6%	10.3%	
Indicator	Practice	CCG	England	England

		average	average	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)	68.7%	87.0%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (1)	10.5%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	380	534	539
Overall QOF exception reporting	3.5%	5.8%	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. No HCA employed since April 2015
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	Yes

patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	
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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)	93.3%	94.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (10)	0.7%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	27.9%	50.6%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately
Audit of patient records, for example for those patients receiving minor surgery and cervical smears.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	13
Number of CQC comments received which were positive about the service	six
Number of comments cards received which were mixed about the service	seven
Number of CQC comments received which were negative about the service	nil

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS	The seven CQC comments cards that contained negative comments all concerned the difficulty in getting an appointment with a GP.

Choices	<p>None of the 13 feedback cards expressed any negative comments about the care and treatment received.</p> <p>The comments on the NHS Choices website have improved significantly since November 2017. Some had stated that it was difficult to get an appointment.</p>
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National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,999	223	2.78%	111	49.78%

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)	69.7%	74.8%	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)	87.3%	86.8%	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)	96.4%	94.3%	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) (GPPS)	88.1%	84.8%	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)	89.4%	92.3%	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)	86.7%	91.2%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
April/May 2018	<p>70% thought the waiting time for an appointment was fair, good or excellent.</p> <p>78% thought the convenience of the appointment was fair good or excellent</p> <p>82% thought the opportunity to speak to a clinician over the phone was fair good or excellent.</p> <p>56% found the ease of booking an appointment as fair, good or excellent.</p> <p>74% thought their healthcare professional was fair, good or excellent.</p> <p>87% found their overall experience of the practice as fair, good or excellent.</p>

Any additional evidence
<p>The practice was aware of patient dissatisfaction with the appointments system and the difficulty some patients had in getting an appointment.</p> <p>The practice had taken action to improve availability by introducing a sit and wait clinic.</p> <p>The practice had been part of an extended hour's hub since February 2018 which allowed patients to access appointments on Saturdays and Sundays.</p>

Involvement in decisions about care 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) (GPPS)	84.7%	85.4%	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) (GPPS)	80.1%	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	86.4%	90.2%	89.9%	Comparable to other practices

at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)				
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)	79.0%	86.6%	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.	Yes

Carers	Narrative
Percentage and number of carers identified	1.8% 143
How the practice supports carers	There is little direct support for carers at present but signposting to other organisations is available.
How the practice supports recently bereaved patients	Upon being notified of the death of a patient the practice sends a condolence card to the family. Next of kin is offered a home visit or an appointment at the surgery if preferred.

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 was a poster displayed in the patient waiting room informing patients that an area was available for private discussions.

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	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 8pm
Friday	8am to 6.30pm
Appointments available	
Daily	8.30am to 11am and 2pm to 4.30pm
Extended hours opening	
Louth Extended Hours Hub	One evening per month for nurse appointments for medication reviews and cervical smears. Every Monday to Friday 6.30 to 8pm Saturday and Sunday 8am to 7.30pm

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	
A GP made an assessment of whether a home visit was necessary.	

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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)	78.9%	77.7%	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)	41.2%	59.3%	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)	55.6%	71.5%	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)	54.7%	67.2%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	<p>CQC feedback cards were all positive about the care and treatment patients received. Seven of the 13 respondents expressed their views about the difficulty in getting an appointment.</p> <p>NHS Choices feedback since November 2017 was mixed, with negative comments concerning appointment availability. We noted the practice had not responded to the comments.</p>

Listening and learning from complaints received

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

Complaints	Y/N
Number of complaints received in the last year.	15
Number of complaints we examined	15
Number of complaints we examined that were satisfactorily handled in a timely way	15
Number of complaints referred to the Parliamentary and Health Service Ombudsman	Nil

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
<p>Following the inspection in November 2017 the provider and senior staff accepted assistance and advice from a number of sources including the CCG and NHSE to improve the service for the benefit of patients. The inspection team noted that the attitude and confidence of staff was much improved since that inspection and that staff had bought into the need to improve and move forward. Staff we spoke with told us they felt fully involved, empowered and confident in the ability of the practice to improve and provide high quality healthcare.</p> <p>Leadership was much improved with a strong, capable and enthusiastic management team.</p> <p>Increased clinical capacity contributed to better healthcare provision and appointment availability.</p>

Vision and strategy

Practice Vision and values
The practice has a clear and simple mission statement that was understood by staff we spoke with.

Culture

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

Source	Feedback
Student nurse	A student nurse upon completing placement at the practice wrote and complimented the practice on the induction, fire safety guidance and policies they were required to read. They complimented the practice and the staff on their learning experience and how much they had gained from the placement.

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

Source	Example
Significant event	Introduction of medication tray record to be kept with the tray when dispensing.

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

Source	Example
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Significant event	Concerns the switching brands of inhalers. The pharmacist identified that, in some case it was not appropriate due to differing doses. All patients were identified, contacted and offered an apology for the error. There had been no impact on patients as the mistake had been identified prior to most patients starting use of the replacements.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Low levels in oxygen cylinders identified. System put into place to ensure that potentially low levels are identified at an early stage so that replacements can be ordered.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	
	Yes

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

Source	Example
Urine charts	Charts are displayed in all staff and patient toilets to encourage and promote better hydration.
Air conditioning units	Increased comfort and better working environment for staff.

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

Source	Example
Records	All staff have completed equality and diversity training
Records	Local language centre engaged to provide translation and interpretation services.

Examples of actions to improve quality in past 2 years

Area	Impact
Ongoing clinical and prescribing audit.	Helps to ensure better clinical outcomes for patients.
Quality Outcomes Framework	Increased QoF Performance is an indication of better outcomes for patients

Examples of service developments implemented in past 2 years

Development area	Impact
Employment of nurse practitioner	Improved healthcare provision for elderly patients as a result of their role as care coordinator.

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 learned from a complaint regarding prescribing and conducted clinical audit in response resulting improved outcomes for patients.

Practice specific policies	There was a wide range of practice specific policies in place to support good quality and sustainable care.
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
Unsigned acute prescriptions	Full risk assessment and mitigation of risk to ensure that all acute prescriptions are signed by the prescriber
Remote delivery of dispensed medicines	Full risk assessment concerning the risk of leaving prescriptions and dispensed medicines at a village collection point.

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	Kept patients aware and informed of developments at the practice
Staff	Meetings	Ensured staff were involved and had a voice in how the practice was run and care and treatment best delivered to patients.
External partners	Meetings	Ensured that best practice was shared and patient care and treatment co-ordinated, for example through daily contact with the district nursing team.

Feedback from Patient Participation Group;

Feedback
The feedback from the PPG was positive. They expressed the view that engagement with the practice staff was much improved.

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

Examples	Impact
The PPG had an active membership which included working age people and mothers with younger children	This helped to ensure that the views of a large range of patient groups were represented.
The PPG worked alongside the practice in conducting patient surveys.	This captured the experiences of patients to monitor performance, satisfaction and help drive improvement

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Proposal for new build. Plans have been drawn and a site identified for major expansion to the practice.	A new surgery with increased clinical and consultation rooms would allow the practice to offer more services.

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

Audit area	Impact
Gestational diabetes	All patients in this group contacted and invited for blood tests to monitor for diabetes and ensure prompt care and treatment.
Nitrofurantoin	Long term usage can contribute to respiratory problems. All patient on this medicine contacted and reviewed. A second cycle of this audit showed improvement with less patients in receipt of the medicine.
Cervical smear	Ongoing audit with two cycles completed to assure the practice of the quality of cervical smears.

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>