

# Care Quality Commission

## Inspection Evidence Table

### Dr Pal & Partners (1-562761826)

Inspection date: 14/06/2018

Date of data download: Collected manually 05/06/2018

## Safe

### Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	N
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.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Reports and learning from safeguarding incidents were available to staff.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Y
Staff who acted as chaperones were trained for the role and had a DBS check.	Y
Explanation of any 'No' answers: <ul style="list-style-type: none"><li>Of the 18 clinical and non-clinical staff, seven had no safeguarding children training and three had no safeguarding adults training recorded. GPs told us they were trained to level three but evidence was not available on the day of the inspection. Following the inspection evidence of training for clinicians was provided, and this showed training had taken place prior to the inspection. Also following the inspection, the practice told us staff had been instructed to complete on-line safeguarding training by 01/09/2018.</li></ul>	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	N
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	N
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Y*
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	N
Staff who require medical indemnity insurance had it in place	N
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> <li>Two practice nurses had been recently employed. No work history was held for either nurse. There were no references for one nurse and the other had a telephone reference, although dates of employment had not been requested.</li> <li>The registration status of one nurse had been checked, but no evidence was held of a check for the second. The registration files for GPs did not contain evidence of registration check. Following the inspection the practice sent us evidence they had since carried out these checks.</li> <li>Evidence of medical indemnity insurance was kept for all GPs but there was no evidence of medical indemnity insurance for nurses. Following the inspection the practice told us they were covered by RCN and NMC (who do not indemnify nurses) but they provided no evidence of this. They provided evidence that they had applied for medical indemnity insurance following the inspection.</li> <li>There was evidence of medical indemnity insurance for the healthcare assistant up to 2012. The practice manager told us that the medical defence union would no longer cover healthcare assistants on their policy. They said they would pay if there were any incidents. The healthcare assistant worked with no clinical back-up at the branch surgery in a phlebotomy clinic. Following the inspection the practice provided evidence that medical indemnity insurance had been purchased for the healthcare assistant in July 2018, and they stated the healthcare assistant had been included in their practice policy.</li> </ul> <p>*Following the inspection the practice provided information of staff vaccination, with the exception of a recently employed practice nurse who they were awaiting information from.</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: 16/11/2017 at Royton, 11/01/2018 at Shaw.	Y
There was a record of equipment calibration Date of last calibration: 08/12/2017	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	N*
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	N
Fire alarm checks	Y
Fire training for staff	N
Fire marshals	Y
Fire risk assessment Date of completion 10/10/2017 at Royton and 09/03/2015 at Shaw	Y
Actions were identified and completed? Not all actions were completed for the Royton site. Following the inspection the practice provided evidence that actions had been taken at Shaw. However the risk assessment recommended it should be reviewed annually and we received no evidence of a review.	N
Additional observations: <ul style="list-style-type: none"> <li>At the Royton site we saw evidence of a fire drill. Fire logs and alarm checks were held centrally. Evidence of fire alarm checks at the Shaw site were provided following the inspection.</li> <li>Of the 18 clinical and non-clinical staff, eight had received fire training.</li> <li>*We received evidence that the practice had carried out a liquid nitrogen risk assessment on 05/07/2018, a date following the inspection.</li> </ul>	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: None seen.	N
Health and safety risk assessment and actions. Date of last assessment: 23/05/2018 (Royton) and 24/05/2018	Y
Additional comments: <ul style="list-style-type: none"> <li>Although room risk assessments were provided following the inspection for the Royton and Shaw sites these did not provide assurance of safety. For example the assessment for the Shaw site indicated that there was an unacceptable level of risk due to kitchen sockets being</li> </ul>	

located above sinks. No control measures were recorded to mitigate this risk.

Infection control	Y/N
<p>Risk assessment and policy in place Date of last infection control audit: 23/05/2018 The provider acted on any issues identified in part</p> <p>Detail: Although some issues were highlighted there was no evidence these had been completed and the action plan did not say who was responsible for carrying out the actions.</p> <p>The risk assessment stated all staff had received infection control training in the previous two years. Training records showed 13 of the 18 clinical and non-clinical staff had not received training in infection control. The previous infection control audit, carried out 04/09/2017, stated that all staff must complete the Bluestream training module as part of their mandatory training.</p> <p>Following the inspection the practice told us staff had been instructed to complete on-line infection control training by 01/09/2018.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any 'No' answers:	

## Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Y
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Y
Staff knew how to respond to emergency situations.	Y
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Y
Explanation of any 'No' answers:	

## 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.	Y
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.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
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)	1.28	No data	0.98	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017)(NHSBSA)	12.9	No data	8.9	Comparison not available

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.	Y
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Y*
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	N
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Y**
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Y Y Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
<p>Explanation of any 'No' answers:</p> <ul style="list-style-type: none"> <li>* Up to date PGDS for the practice nurses for some medicines had been supplied by the CCG the evening prior to the inspection. They had been signed by one practice nurse on the day of the inspection, and not signed by the other. They showed they had been authorised by the practice manager on 15 May 2015.</li> <li>** Although there were no issues with the stock and expiry dates of medicines and medical gases, we found a syringe with an expiry date of February 2018 in a drawer with other in-date syringes.</li> <li>There were no antibiotic medicines, such as Benzylpenicillin, on the resuscitation trolley. Furosemide, a medicine used in acute and chronic heart failure, had been available until it</li> </ul>	

reached its expiry date the month prior to our inspection. There had been no discussion or risk assessment carried out to determine what emergency medicines should be available. Following the inspection the practice told us they were ordering additional emergency medicines and had carried out a risk assessment to determine what was required.

## 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	Y
Staff understood how to report incidents both internally and externally	Y
There was evidence of learning and dissemination of information	In part. GPs told us they were discussed in meetings but evidence not seen.
Number of events recorded in last 12 months.	8 in 2017-18
Number of events that required action	3

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place: the practice manager received alerts by email. They printed them off and gave a copy to each GP to action. GPs said they were discussed in practice meetings, although we did not see evidence of this.</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)	2.73	1.4	0.9	Comparison not available

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)	74.5%	76%	79.5%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	8.1%	8.1%	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)	54.8%	76.1%	78.1%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	10.2%	6.2%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	76.4%	81.7%	80.1%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	10.8%	9.4%	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. <b>(01/04/2016 to 31/03/2017)</b> (QoF)	77.7%	76.2%	76.4%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	15.7%	4.4%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	93.1%	91.3%	90.4%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	13.7%	9.8%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	81.1%	83%	83.4%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	10.8%	3.2%	4%	
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. <b>(01/04/2016 to 31/03/2017)</b> (QoF)	95.5%	94.7%	88.4%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	2.9%	7.8%	8.2%	

Child Immunisation		
Indicator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	95.8%	Comparison not available
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	96.6%	Comparison not available
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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	96.6%	Comparison not available
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	96.6%	Comparison not available

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 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	71.3%	71.8%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	68.7%	65.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.4%	51%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	75%	75.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	97.5%	88.9%	90.3%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	11.1 %	9.5%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	95.2%	92.2%	90.7%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	6.7%	6.9%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	74.1%	83.3%	83.7%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3.6%	3.8%	6.8%	

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	524	534	539
Overall QOF exception reporting	10%	7%	9%

## 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.	N
The learning and development needs of staff were assessed	N
The provider had a programme of learning and development.	N
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	NA
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.	N
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N
<p>If no please explain below:</p> <ul style="list-style-type: none"> <li>• Training records showed several staff had not completed practice mandatory training such as in safeguarding or fire safety. Following the inspection the practice told us staff would complete this training by 01/09/2018.</li> <li>• The practice manager told us that GPs had intended to carry out appraisals for staff, but they had not yet taken place. We saw no evidence of appraisals taking place. The practice manager told us they last had an appraisal in 2008. Following the inspection the practice told us staff appraisals had now taken place with senior staff appraisals scheduled for September and October 2018.</li> <li>• Very few records were kept for the practice nurses who had been recently employed. Their competence had therefore not been assessed. Some training information was provided following the inspection.</li> </ul>	

## 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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	Y

## 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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	95.9%	95.5%	95.3%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0.1%	0.4%	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) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	64.3%	57.5%	51.6%	Comparison not available
Description of how the practice monitors that consent is sought appropriately				
Although appropriate consent was not monitored we saw that there were forms completed for written consent.				

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	32
Number of CQC comments received which were positive about the service	31
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

### Examples of feedback received:

Source	Feedback
Comments cards	We received 19 CQC comments cards from the Royton practice and 13 from the Shaw practice. Patients said staff were friendly and efficient, and GPs listened.
NHS Choices website	There have been several recent positive comments, including that the nurses gave help and support, GPs are professional and treat patients with dignity and a GP who regularly visits a care home has a lovely bedside manner.

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
6044	288	5%	97	34%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	74.8%	77.8%	78.9%	Comparison not available
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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.6%	87.7%	88.8%	Comparison not available
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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	95%	95.2%	95.5%	Comparison not available
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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	77%	85.6%	85.5%	Comparison not available
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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.2%	92.3%	91.4%	Comparison not available
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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.8%	91.9%	90.7%	Comparison not available



Question	Y/N
<p>The practice carries out its own patient survey/patient feedback exercises.</p>	<p>Y – there are no formal patient surveys but the practice told us they look at friends and family results and they told us surveys are part of GP appraisals.</p>

## 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	78.7%	86.6%	86.4%	Comparison not available
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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	75.3%	81.4%	82%	Comparison not available
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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	93.3%	90.9%	89.9%	Comparison not available
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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.8%	86.6%	85.4%	Comparison not available

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	82 carers – 1% of the practice population.
How the practice supports carers	Relevant vaccinations are provided to carers.
How the practice supports recently bereaved patients	The practice has a bereavement booklet for patients. GPs told us they visited or telephone bereaved patients if required.

### Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y

	Narrative
Arrangements to ensure confidentiality at the reception desk	The waiting area was not immediately next to the reception desk. A private room was available.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y

# Responsive

## Responding to and meeting people's needs

Practice Opening Times - Royton	
Day	Time
Monday	8am – 8pm
Tuesday	8am – 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 8pm
Friday	8am – 6.30pm
Appointments available	
	9am – 8pm Monday and Thursday 8am – 8pm Tuesday 9am – 6.30pm Wednesday and Friday
Extended hours opening	
	Until 8pm three times a week

Practice Opening Times – Shaw (branch surgery)	
Day	Time
Monday	9am – 4pm
Tuesday	9am – 12.30pm
Wednesday	9am – 12.30pm
Thursday	9am – 12.30pm
Friday	9am – 12.30pm
Appointments available	
	As above
Extended hours opening	
	No

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	
Reception staff recorded details of home visit requests on the computer screen and in a visit request book. GPs could see visit requests in real time. They used their knowledge of individual patients to decide whether to telephone the patient to triage the request. Where an urgent visit was requested or reception staff felt a patient required urgent attention they put telephone calls directly through to the GP or asked the GP to telephone the patient urgently.	

## 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)	81%	79%	76%	Comparison not available
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)	96.8%	72.9%	70.9%	Comparison not available
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)	98.7%	73.3%	75.5%	Comparison not available
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)	96%	71.9%	72.7%	Comparison not available

### Examples of feedback received from patients:

Source	Feedback
CQC comment's cards	Most patients commented that the availability of appointments was good, with patients saying same day appointments were given if required. One patient also commented that they could always access an appointment for their baby.
NHS Choices website	Recent comments included that appointments were easy to access.

**Listening and learning from complaints received**

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

Complaints	Y/N
Number of complaints received 17-18	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Complaints were appropriately investigated and responded to.	

# Well-led

## Vision and strategy

Practice Vision and values
The practice had a mission statement that was on its practice leaflet – “We aim to provide the highest quality health care available under the NHS, to all our patients with a well-trained and motivated Primary Health Care Team making it easy and convenient for our patients to access a GP or nurse when they need them. We are committed to giving you the best possible service.” However, the staff we spoke with were unaware of this.

## Culture

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

Source	Feedback
Non-clinical staff	Staff told us they felt well-supported and the manager had an open-door policy.
The practice’s speaking up policies are in line with the NHSI National Raising Issues Policy.	Y

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

Source	Example
Training	Equality and diversity training had not taken place. Following the inspection the practice stated staff would complete this.

Examples of service developments implemented in past 2 years

Development area	Impact
Clinical audits	There had been clear documented clinical audits undertaken by the clinicians within the practice.
Clinical team meetings	Clinical team meetings were taking place with minutes circulated to staff.

## 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	Significant events and complaints were discussed in meetings but there was no consistent approach to ensure learning.
Practice specific policies	Policies were in place but these were not always followed. For example, the recruitment and significant events policies.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y



## Managing risks, issues and performance

Major incident plan in place	Y
Staff trained in preparation for major incident	N but aware

## Appropriate and accurate information

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

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

### Examples of methods of engagement

	Method	Impact
Patients	Friends and family	There are various ways a patient can input their thoughts into the and about the practice.
Public	PPG	Re-launching the PPG as a virtual group.
Staff	Staff meetings	Agenda items any suggestions or concerns raised.

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

Examples	Impact
The PPG requested that a blood clinic took place at the Shaw surgery.	A drop-in blood clinic was arranged one afternoon a week where the healthcare assistant attended. This provided a service to patients in the area, but the healthcare assistant worked alone with no other clinician on the premises and they did not have medical indemnity insurance in place.

#### 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>