

Care Quality Commission

Inspection Evidence Table

Coleridge Medical Centre (1-550789003)

Inspection date: **12 June 2018**

Date of data download: 11 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member(s) 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)	y
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:	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	y
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	y
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.	y
Staff who require medical indemnity insurance had it in place	y

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: Nov 2017	Y Nov 2017
There was a record of equipment calibration Date of last calibration: Jul 2017	Y July 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	y
Fire procedure in place	y
Fire extinguisher checks	y
Fire drills and logs	y
Fire alarm checks	y
Fire training for staff	y
Fire marshals	y
Fire risk assessment Date of completion	Y Updated annually, May 2018
Actions were identified and completed.	y
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment: May 2018	Y May 2018
Health and safety risk assessment and actions Date of last assessment: May 2018	Y May 2018
Additional comments: Actions arising included maintenance such as broken chairs being replaced, carpets being replaced, cleaning issues being addressed. We saw evidence that these issues had been addressed.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The provider acted on any issues identified</p> <p>Detail:</p> <p>Issues arising included the identification of broken pedal bins being replaced, bicarbonate of soda on kitchen window sill being found and disposed of. Review of COSSH arrangements. Children's toy boxes cleaning arrangements were reviewed.</p>	<p>Y</p> <p>Nov 2017</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>y</p>

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
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	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

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)	0.84	0.96	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)	9.4%	10.6%	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.	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
<p>The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).</p> <p>There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.</p> <p>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.</p>	y
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	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.	y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	y
<p>There was medical oxygen on site</p> <p>The practice had a defibrillator</p> <p>Both were checked regularly and this was recorded.</p>	<p>y</p> <p>y</p> <p>y</p>
Medicines that required refrigeration were appropriately stored, monitored and	y

transported in line with PHE guidance to ensure they remained safe and effective in use.	

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	y
Number of events recorded in last 12 months.	52
Number of events that required action	42

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

Event	Specific action taken
Needle found in children's toy box in a GP room by a member of staff	The needle was disposed of and an investigation held. A full audit was undertaken of children's toy boxes. The review of infection control procedures and cleaning schedules improved to prevent reoccurrence.
Patient reported that they had been issued with duplicate prescription and had been given too many medicines	An investigation was held. The computer system (SystemOne) was looked at to find reasons for this issue. The error was identified and the protocol changed to prevent reoccurrence. The practice manager spoke with the patient and the patient was satisfied with the outcome.
Cardiac arrest occurred in waiting room	A receptionist identified that a patient was experiencing difficulties and implemented emergency procedure. A GP and a nurse provided medical assistance and an ambulance was summoned. Staff managed other patients in waiting room for business continuity. The patient survived. A post incident review was held and learning points discussed. Support was offered to staff following the incident.

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:</p> <p>Safety alerts arrived via email to a monitored email address and disseminated to pharmacist and nurse administrator who decide actions. Evidence seen showed that alerts had been implemented, for example risks arising from window blinds or medicines.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.69	1.05	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)	84.2%	81.7%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (98)	13.7%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	80.1%	76.6%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12% (159)	12.1%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	79.3%	81.2%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.9% (163)	15.8%	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)	76.7%	76.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11% (349)	11.3%	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)	91.9%	89.9%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13% (72)	13.0%	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)	86.5%	84.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.9% (252)	5.2%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	84.4%	89.7%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	8.0%	(31)	8.5%	8.2%	
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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)	107	115	93.0%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	120	130	92.3%	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)	121	130	93.1%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	122	130	93.8%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	78.2%	75.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	82.6%	76.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	70.3%	61.3%	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)	61.7%	68.0%	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)	100.0%	85.2%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15% (8)	15.8%	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)	100.0%	87.1%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (4)	13.7%	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)	77.9%	85.7%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (9)	8.4%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	543	539
Overall QOF exception reporting	7.0%	6.5%	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.	y
The learning and development needs of staff were assessed	y
The provider had a programme of learning and development.	y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	y
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.	y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	y
<p>Any further comments or notable training:</p> <p>Nurse practitioner training had been provided to nurses.</p> <p>Reception training for receptionists included prescription training, this enabled staff to become champions in this area to disseminate best practice.</p>	

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)	95.8%	95.0%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (20)	0.9%	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)	64.1%	57.1%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice clinicians recorded consent had been obtained on the computer system. Consent audits had been completed periodically through the year to check consent had been obtained for minor operations, blood tests and chaperoning.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	22
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
22 Comments cards	All comments cards were positive about the practice. Patients had written about the friendly, caring, professional GPs and nurses. Receptionists had been described as helpful and willing to listen. Patients reported they were able to get an appointment when they wished to do so.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
16,155	223	1.38%	128	57.40%

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)	94.4%	86.8%	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)	92.4%	92.5%	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	96.8%	97.2%	95.5%	Comparable to other practices

saw or spoke to?" (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 GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	93.6%	90.6%	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)	93.1%	93.7%	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)	91.9%	93.6%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
April 2017 to March 2018	The practice has a system for real time feedback and comments. The practice had devised a system which checked patient views on their care and treatment received. The practice had received 167 forms. Of these 110 were "Wow" (extremely satisfied), 22 were "Thank You" (satisfied), 0 OKs and 9 "Poor" (dissatisfied). The practice manager attempted to contact all of those who had reported poor service in order to address any issues.

Any additional evidence
The practice also received 26 compliments and thank you's from patients to express their thanks for their high standard of care received.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with	

patients	We spoke with three patients, all of whom reported their positive views about the practice. Patients described a friendly caring and clean, well-organised environment. GPs, nurses, management and reception staff were all described in a positive manner. Patients told us they valued the service they received at this practice.
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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)	93.2%	90.5%	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)	94.3%	87.8%	82.0%	Variation (positive)
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)	91.2%	92.5%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	85.3%	88.9%	85.4%	Comparable to other practices

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 leaflets were available in easy read format.	y
Information about support groups was available on the practice website.	y

Carers	Narrative
Percentage and number of carers identified	468 patients were identified as carers out of 16,195 patients, which was 3% of the practice population.

How the practice supports carers	The practice supported carers through providing carer's health checks, offering advice, support and signposting to appropriate services. The practice had access to a carer support worker employed by Devon Carers who they liaised closely with to support patients. Several of the receptionists had been trained as carer's champions, in order to identify patients who were carers and offer them appropriate support.
How the practice supports recently bereaved patients	The practice had a computer based death record and liaised with community nurses to ensure a joined up approach. The practice provided a support pack to bereaved patients which contained signposting to local support services such as bereavement counselling. The patient's GP contacted the bereaved family members and offered support.

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	<p>The practice reception desk was set back from the large waiting area. Patients could also ask to speak with a staff member in a private room should they wish to do so.</p> <p>The practice had windows and glass doors between the reception desk and the call centre to ensure telephone privacy and confidentiality.</p>

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
Source	Feedback
Patients	Told us their privacy and dignity was always respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available- 8.30am until 6pm	
Extended hours opening- No current extended hours were available	

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>The practice recorded requests for home visits on a computer system. Reception staff notified the GPs and highlighted these requests. Staff had been trained in the use of this system. Urgent requests such as potential end of life were managed as a priority. The duty GP then reviewed these requests and prioritised them according to clinical need. GPs contacted patients if they needed further information to make an informed decision.</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)	77.9%	83.7%	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)	94.0%	82.1%	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)	92.8%	84.9%	75.5%	Variation (positive)
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)	89.1%	82.1%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Patients had provided nine ratings on NHS Choices about this practice. These nine patients had provided the practice with a rating of 3/5 stars. Patients had commented the practice GPs were good with children, that reception staff were very helpful and of a consistently excellent service. One patient had reported that they had experienced a delay in getting to see a female GP.

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>)	y
Information was available to help patients understand the complaints system.	y

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	9
Number of complaints we examined that were satisfactorily handled in a timely way	9
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
A complaint had been made by a patients relative about a mental capacity assessments made by the practice GPs (the GP had diagnosed that the patient had capacity). The relative disagreed with the GP diagnosis. The practice investigated the complaint. This included a review of the pathways used by the	

GPs to reach their decisions. The investigation found the GPs had acted appropriately in line with best practice. The practice liaised with the patient themselves and responded to the relative with the patient's consent. The complainant was satisfied with the outcome.

Well-led

Leadership capacity and capability

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

The practice manager provided a visible presence by daily walk rounds involving informal discussions with staff.

The practice had a well-appointed kitchen and staff room which staff told us facilitated positive interactions between staff teams at the practice. We saw evidence of this during our inspection.

Appointments were managed in a call centre which contained a visual display of current demand of calls received and how these calls were being managed. This enabled management to deploy resources according to times of peak demand.

Leadership was demonstrated at the practice through staff meetings every six weeks or more regularly if required, for example a meeting had been held in advance of the CQC inspection to support staff through this process.

Vision and strategy

Practice Vision and values

The practice vision and values included the aim to provide a high quality safe and friendly atmosphere to enable members of the community to achieve and maintain optimum levels of health.

The practice held a staff away day every January for the management team to review their vision and values.

Culture

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

Source	Feedback
Staff	Succession planning was in place to consider staff retirements and staff development

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

Source	Example
Staff	Workforce planning on recruitment and retention, pay reviews involved staff views and staff felt involved with decision making at the practice.

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

Source	Example
Complaints file	A complaint had been received via NHS Choices. The complaint was about poor service received during a GP consultation. The practice investigated this, including use of an independent GP. The practice invited the patient on NHS Choices to discuss their complaint in confidence. The practice provided a clinical

	explanation for the service provided and evidence to show the patient was satisfied with the outcome.
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Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff in the call centre complained there was too much footfall through their area as they tried to take calls from patients. The management listened to this feedback and staff suggestions and took action. Prescription administration duties were moved away from the call centre in order to reduce distractions and the area was also protected from unnecessary foot traffic by the installation of a door. Staff reported they were pleased with the changes made.
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 the safety and wellbeing of staff

Source	Example
Staff	Staff provided feedback about the facilities within the kitchen. The management had listened to this and had provided a well-appointed kitchen, together with access to an indoor and outdoor seating area.
Staff	Concerns expressed about staff handling urine samples. Procedures were changed to ensure the utility room had adequate facilities to deal with hand washing and disposal of samples.

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

Source	Example
Staff	Equal Opportunities (EO) training annually EO policy in place
Staff	A member of staff from a minority religious group was provided with privacy to pray and had time for their dietary and washing requirements as appropriate.

Examples of actions to improve quality in past 2 years

Area	Impact
Prescribing and prescriptions	A review of the prescription process took place to ensure administration was completed in a separate area to the call centre, to minimise mistakes. Prescribing champions were trained in their roles. The practice also employed a pharmacist to complete prescribing audits and ensure best practice in this area.

Examples of service developments implemented in past 2 years

Development area	Impact
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Communications - IT	The practice had adopted a new intranet system which enabled all tasks to be stored in one place, this ensured faster and more effective working. The system provided alerts which prompted staff what actions were required and how they should be carried out in line with policy.
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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	An effective complaints system was in place and complaints included on staff meeting agenda. Evidence was seen of a transparent, timely complaint response in line with the duty of candour.
Practice specific policies	Information Governance Policy, Quality Policy
Other examples	Staff Handbook
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	y

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Combined Premises Risk Assessment	This assessment included Health & Safety (H&S), management of cleaning products, fire safety, and infection prevention and control. The document had been completed in April 2018 and reviewed annually or more regularly if required. One of the GP partners was the nominated lead for Health & Safety at the practice. There was an H&S noticeboard. The practice had a task based system for any H&S actions arising.

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	PPG (Patient Participation Group)	The PPG met every eight weeks. The focus was currently on mental health. The impact of this was to highlight patient awareness. The group were

		about to launch a patient questionnaire and had also worked on men's and women's health events. They were also organising a gardening group at the practice.
Public	Website blog, Facebook and Twitter	Engagement with social media enabled patients to keep up to date with developments at the practice even if they did not visit regularly.
Staff	Staff meetings every six weeks	Staff training, obtaining staff feedback, adoption of CQC myth buster learning points.
External partners	Engagement with CCG, LMC	Several of the GPs were involved with external agencies. One of the GPs was chair of NEW Devon eastern locality. Another GP sat on the LMC (Local Medical Committee). The practice was in the East Devon Federation (13) practices.

Feedback from Patient Participation Group (PPG);

Feedback

PPG members told us that the practice performed the tasks most patients wanted and that it was a good practice. Patients could see a GP or nurse practitioner on the same day if required. The PPG meet up every six weeks and discussed any issues from the local community. The practice provided a meeting room for the 15-20 members. The PPG also worked with local support groups and local school pupils assisted the PPG in taking minutes and setting up noticeboards etc. at the practice.

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

Examples	Impact
The practice listened to the PPG. PPG told the practice they wanted a health event at local Sainsbury's and it was delivered.	A men's Health day at Sainsbury's had delivered over 100 health checks relevant to men; height to weight ratio body mass index (BMI), blood pressure checks, advice on healthy lifestyles, booking of appointments for any issues identified in need of further consultation.
The PPG had suggested setting up a gardening group	The practice had listened and had provided grounds, money towards tools and gardening equipment.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Education, training and research	This training and research practice focused on improvement. A project on eczema had encouraged many patients to come forward and report their skin conditions. The practice was looking at using a system called Care Snap which involved taking photographs of skin lesions and seeking specialist advice or referral as required. This was still in the planning stage.
Flu voucher scheme	A flu voucher scheme had been introduced to improve uptake of flu vaccination. This involved providing patients with a voucher which they could present at any appointment, not necessarily at a dedicated flu

Childhood immunisations	<p>vaccination appointment. An audit of this scheme found that GPs had provided 487 flu vaccinations during routine appointments and nurses had provided flu vaccinations to 769 patients.</p> <p>Child immunisation research – this was a project which involved creating a letter and leaflet of the risks of not having any childhood vaccinations. 47 letters and leaflets had been sent out to those families identified as not having vaccinated their children. Of these, 14 families had responded and their children had received childhood immunisations. This was an improvement of 30%.</p>
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Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Blood test monitoring audit	The audit was a study of patients on high risk medicines (DMARDS) medicines to treat patients with rheumatism. The audit showed an improvement from 2017 to 2018 data collection in the number of patients who had missed adequate medicines monitoring.
Warfarin audit (blood thinning medicine)	This anticoagulant medicine is used to reduce risk of stroke in patients with named long term conditions. A composite audit took place with all practices in the CCG. The outcomes included changing patients onto an alternative medicine to reduce risks, increase efficacy, and provide a safer and more appropriate treatment.

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>