

# Care Quality Commission

## Inspection Evidence Table

### Dr Santamaria Medical Practice (1-3295891420)

Inspection date: 20 April 2018

Date of data download: 17 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:  We found the up to date child protection policy was filed between out of date policies, making it possible for staff to refer to the wrong policy. One reception team member stated she had not completed the chaperoning training, but records showed she had, on 24/03/2017, along with 13 other topics. We could find no policies that stated the provider's frequency for repeating DBS checks.	

Recruitment Systems	
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.	No
Staff who require medical indemnity insurance had it in place	No
<p>Explanation of any 'No' answers:</p> <p>Staff told us that clinical staff registration was checked annually. However, there was no records that these checks had been completed.</p> <p>The practice nurse's medical indemnity insurance had expired in February 2018. Following our inspection, the provider later sent us evidence that the practice nurse had valid indemnity cover.</p>	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 07/09/17
There was a record of equipment calibration Date of last calibration: 03/04/2018. No fails recorded against any equipment tested.	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No
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	No
Fire risk assessment Date of completion	No
Actions were identified and completed. Add commentary here	N/A
Additional observations: Add commentary here	N/A
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	No
Health and safety risk assessment and actions Date of last assessment:	No
Additional comments: ECG hand held monitor machine retest was due 08/02/17, and there was no evidence that this had been undertaken. The practice manager was the named fire marshal on the fire evacuation plan. However we did not see evidence that she had completed fire marshal training.	

<p><b>Infection control</b></p> <p>Risk assessment and policy in place  Date of last infection control audit:  The provider had started taking action on the issues identified</p> <p>Detail:  There was an infection prevention and control (IPC) policy in place, which had an audit template attached but no completed audit seen. There was a note on the IPC file stating that an IPC audit was due to be carried out on 02/05/18. The provider sent us evidence that the IPC audit had been completed on that date, and had identified two issues and associated remedial actions:  Issue 1: There was no evidence that all GP prescribers have completed the Antimicrobial Stewardship Self- Assessment checklist.</p> <p>Remedial action: To ensure that all GP prescribers complete the Antimicrobial Stewardship Self-assessment checklist, Timeframe for action to be completed: 4 weeks</p> <p>Issue 2: Part of the wall surfaces and the splash back had ceramic tiles with multiple grouted joints.</p> <p>Remedial action: Wall surfaces and splash back in all clinical areas should be smooth without cracks or joints and easy to clean. Ceramic tiles are not recommended because of multiple joints which can get damaged in many ways and may harbour harmful micro-organisms. To ensure that the wall surfaces and splash backs are rendered with an impervious and smooth finish.  Timeframe for action to be completed: 12 – 18 months</p> <p>The previous IPC audit, dated 07/01/16, carried out referred to the other GP practice in the premises, and covered the communal areas shared by Dr Santamaria Medical Practice. No issues were identified that require follow up by Dr Santamaria Medical Practice.</p>	<p>Yes  02/05/18  n/a</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	

## Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	No
The practice had equipment available to enable assessment of patients with presumed sepsis.	No
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	No
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers: We found that the practice had not implemented the published guidelines on the recognition, diagnosis and early management of sepsis. The practice did not have a paediatric pulse oximeter, recommended for treating certain suspected sepsis cases.	

## Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers:	

## Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHSBSA)	0.56	0.65	0.98	Significant variation (very low prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	10.1%	8.5%	8.9%	Comparable to other practices

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	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.	Not Applicable
Up to date local prescribing guidelines were in use. Clinical staff could 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.	Not Applicable
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	No
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any 'No' answers:	

The practice did not hold Benzylpenicillin or rectal diazepam, and their supply of nitro lingual spray had expired in 2015. There was no systematic process for the checking and review of medicines held for treating medical emergencies.

The medical oxygen and defibrillator were held and shared by a neighbouring practice in the premises. The neighbouring practice ensured these items were regularly checked, and that these checks were recorded.

We saw that medication reviews had only been completed on 58% of patients currently prescribed four or medicines, and that 21% of patients were overdue their medication review.

Uncollected prescriptions were not being regularly monitored and followed up. Some prescriptions had been left uncollected for several months with no review.

### Track record on safety and lessons learned and improvements made

Significant events	
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.	one
Number of events that required action	one

### Example of a significant event recorded and actions taken by the practice

Event	Specific action taken
Email referral sent to CCG mailbox in error	The CCG contacted the practice straightaway and the matter was rectified. The management reiterated with staff the need to be vigilant and thoroughly check email addresses before sending messages out.

Safety Alerts	
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>There was no evidence that the practice conducted systematic searches of patient records in response to medical alerts, to verify they were not relevant to their patient population.</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)	0.60	0.49	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)	72.5%	74.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (2)	8.7%	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)	46.4%	74.5%	78.1%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.8% (12)	7.3%	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)	72.8%	78.1%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.6% (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)	83.1%	78.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.2% (2)	2.0%	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)	100.0%	90.9%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.0%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	63.9%	81.3%	83.4%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (14)	4.0%	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. <b>(01/04/2016 to 31/03/2017)</b> (QoF)	94.7%	86.1%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	8.4%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	35	38	92.1%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	29	34	85.3%	Below 90% Minimum (variation negative)
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)	29	34	85.3%	Below 90% Minimum (variation negative)
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)	30	34	88.2%	Below 90% Minimum (variation negative)

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)	67.0%	66.7%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	64.5%	60.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	43.7%	41.7%	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)	62.5%	75.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	96.2%	89.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.8%	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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	92.3%	90.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.3%	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)	100.0%	83.7%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (1)	4.6%	6.8%	

#### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	466	536	539
Overall QOF exception reporting	3.0%	4.7%	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
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
<p>Notable training:</p> <p>One of the reception team members had been supported to undertake training to become a healthcare assistant.</p> <p>Any further comments:</p> <p>The practice nurse had recently been given the role of infection prevention and control lead. However, they had not been provided with any training to support them to undertake these additional responsibilities.</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)	94.2%	94.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	0.6%	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)	50.0%	57.7%	51.6%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	9
Number of CQC comments received which were negative about the service	None

### Examples of feedback received:

Source	Feedback
Comments cards	<p>Most of the feedback we received through completed comments cards was entirely positive. Many patients commented that they had been with the practice for decades and were satisfied with the care and treatment they received.</p> <p>Of the nine comments cards that also included some negative comments, seven were about difficulties with booking appointments, one was about time being tight during appointments and one was poor communication about their condition.</p>

## National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
3,359	381	(Surveys sent divided by Practice population) x 100	89	23.36%

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)	78.8%	81.9%	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)	81.3%	88.8%	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)	87.7%	95.2%	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)	85.2%	84.5%	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)	76.3%	88.7%	91.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	77.2%	87.5%	90.7%	Comparable to other practices

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with us told us they felt involved in their 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	84.3%	85.5%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	82.5%	82.0%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	80.4%	87.1%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	76.3%	83.8%	85.4%	Comparable to other practices



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. No

Information about support groups was available on the practice website. Yes

<b>Carers</b>	<b>Narrative</b>
Percentage and number of carers identified	16 patients identified as carers. This is equivalent to 0.48% of their patient population.
How the practice supports carers	Patients with caring responsibilities are referred to the local Carers hub for support
How the practice supports recently bereaved patients	Awaiting practice update on this.

## Privacy and dignity

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	Reception staff were aware of the need to ensure patient confidentiality. They did not disclose patient identifiable information, and spoke with patients discreetly.

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	08:30-18:30
Monday	18:30-20:00
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-12:00
Friday	08:30-18:30
Appointments available	
08:30 - 13:00 Monday, Tuesday, Wednesday and Friday 08:30 - 12:00 on Thursday	14:30 - 20:00 on Monday 14:30 - 18:30 Tuesday to Friday
Extended hours opening	
Monday	18:30-20:00

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	
Requests for home visits were reviewed the doctor, who followed up on the request with the patient or their family.	
When the practice was closed patients were directed to contact their out of hours. Information was also provided on the practice website about local health services accessible when they were closed which included a walk-in service, two health centres and SELDOC (South East London Doctors).	

## 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)	77.6%	81.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	88.0%	76.3%	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)	84.5%	76.1%	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)	83.9%	73.2%	72.7%	Comparable to other practices

### Examples of feedback received from patients:

Source	Feedback
Patient interviews and comments cards	Most patients commented that they could get appointments at a suitable time for them. Some patients had also used the options of having telephone consultations. A couple of patients mentioned that getting appointments could be difficult at times.

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.  
No (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	2
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Both complaints were sent directly to NHS England (NHSE). NHSE had been in touch with the practice and they had assisted in the investigation of these complaints.	

# Well-led

## Leadership capacity and capability

### Vision and strategy

#### Practice Vision and values

At the time of our inspection, the practice was in negotiations for a potential merger with a neighbouring practice. The practice's lead GP had plans to retire in the coming months. Staff in the practice spoke of a culture of putting patients' needs first.

### Culture

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

Source	Feedback
Staff interviews	Staff in the practice spoke of a culture of putting patients' needs first.

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

Source	Example
Staff interviews	Staff told us they felt able to give feedback about the practice, but did not have any recent examples to share of changes made because of their feedback.

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

Source	Example
Staff interview and provider information request submission	Incident where patient referral was sent to the wrong email address. Extra care and checks are now carried out before email referrals are sent out.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff interviews	Staff told us they felt able to give feedback about the practice, but did not have any recent examples to share of changes made because of their feedback.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

## Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

	Method	Impact
Patients	Friends and family test	Awaiting feedback from provider
Staff	Staff meetings	Practice changes are communicated to staff

### Feedback from Patient Participation Group

Feedback
None

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

Examples	Impact
None	Not applicable

#### 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>