

Care Quality Commission

Inspection Evidence Table

Wilsden Medical Centre (1-540282076)

Inspection date: 28 June 2018

Date of data download: 26 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. Adult policy May 2018 for review May 2019 Childrens policy June 2018 for review June 2019	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to safeguarding level three. Evidence seen for GPs. We saw evidence that a newly recruited ANP was booked for an upcoming level three course.	Yes
Information about patients at risk was shared with other agencies in a timely way. All clinical staff attend monthly meeting to be assured that all appropriate patients are discussed.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients: Patient registers were maintained for patients experiencing chronic disease (for example, diabetes and COPD), people with a learning disability, those receiving end of life/palliative care, children who were on a child protection plan and children who missed routine appointments were flagged and referred to the safeguarding lead.	Yes
Disclosure and Barring Service checks were undertaken where required. Enhanced for clinical staff, basic for reception staff.	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>Comprehensive induction plan seen for new staff.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 05/18</p>	Yes
<p>There was a record of equipment calibration Date of last calibration: 11/17</p>	Yes
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals No liquid nitrogen stored on premises. COSHH data safety sheets seen for cleaning products in secure cupboard.</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs- undertaken every 6 months</p>	Yes
<p>Fire alarm checks- yes weekly</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals- 4 staff identified and trained</p>	Yes
<p>Fire risk assessment Date of completion</p>	Yes 07/17
<p>Actions were identified and completed.</p>	Yes
<p>Additional observations: N/A</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment: 2013</p>	No
<p>Health and safety risk assessment and actions- the provider had undertaken ad hoc risk assessments as required. For example, on the return to work of a staff member. Date of last opportunistic assessment: 03/18</p>	Partial
<p>Additional comments:</p> <p>Provider had an incident book that identified any issues that had been observed or reported. These were signed off on completion.</p> <p>The provider has been made aware that a comprehensive, and systematic health and safety risk assessment should be undertaken across the operation of the practice. This would include building safety, and potential risks posed to staff and members of the public.</p>	

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Infection control	Y/N
Risk assessment and policy in place Date of last infection prevention and control (IPC) audit: The practice acted on any issues identified Detail: Minor issues identified in the audit were acted upon. The lead nurse was the IPC lead and had arranged additional advanced training to support her knowledge base and responsibilities in this area.	Yes 19/01/18 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

Any additional evidence
N/A

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	
The provider was able to evidence how they had managed a serious IT failure across their systems. We saw that they had been able to safeguard patients and operate services.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
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 answers:	
We saw that all correspondence is scanned to the patient record, coded and all test results are reviewed by an appropriate clinician within one working day.	
We saw that effective links were maintained with allied health professionals. Multiple issue appointments and/or care reviews are scheduled to coincide at one visit whenever possible.	

Appropriate and safe 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)(NHS Business Service Authority - NHSBSA)	0.98	1.07	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)	6.2%	5.5%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs 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.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers: N/A

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months:	143
Number of events that required action:	39

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

Event	Specific action taken
The provider noticed that following a review of significant events, it was identified that locums had missed several referrals, used incorrect forms and breached the seven day referral protocol on a number of occasions during the previous year.	A comprehensive locum pack was introduced and a protocol established that assured the provider all locum staff were aware of appropriate procedures. A re-audit found only one incident had occurred in the six months following the introduction of the policy.
Risk of duplicate flu vaccinations.	A protocol was agreed between the practice and local pharmacies to alert the provider when any patients had received a flu vaccination.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Practice Manager had developed a protocol for sharing safety and medical alerts to relevant staff, and we saw that this had been implemented effectively.</p>	

Any additional evidence
N/A

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)	0.62	0.65	0.90	Comparable to other practices

People with long-term conditions

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)	77.7%	80.2%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 3.2% (17)	CCG Exception rate 11.1%	England Exception rate 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)	77.8%	80.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions) 4.7% (25)	CCG Exception rate 9.9%	England Exception rate 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)	77.3%	81.2%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.6% (110)	15.9%	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)	81.7%	76.7%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (14)	7.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	95.2%	91.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (12)	11.1%	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)	86.9%	85.1%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (95)	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)	93.3%	89.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.7% (26)	9.4%	8.2%	

Any additional evidence or comments: N/A

Families, children and young people

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)	92	94	97.9%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	84	86	97.7%	Met 95% WHO based target Significant Variation (positive)
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)	84	86	97.7%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	84	86	97.7%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments: N/A				

Working age people (including those recently retired and students)

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)	82.8%	73.0%	72.1%	Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.9%	67.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.2%	53.4%	54.5%	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)	60.0%	69.5%	71.2%	N/A

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) <small>(PHE)</small>	64.8%	61.6%	51.6%	Comparable to other practices
Any additional evidence or comments: N/A				

People experiencing poor mental health (including people with dementia)

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)	97.8%	93.7%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (1)	12.1%	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)	91.3%	95.2%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (1)	9.4%	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)	87.4%	85.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (5)	8.0%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550	548	539
Overall QOF exception reporting	4.2%	6.0%	5.7%

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) <small>(QOF)</small>	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) <small>(QOF)</small>	94.4%	95.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (27)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff told us that they sought verbal consent for routine procedures. We saw evidence that consent for childhood vaccinations was obtained and scanned into the patient record. There was also documented consent for patients undergoing minor surgery and other invasive procedures.

Any additional evidence
N/A

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	9
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
Comment cards	Patient feedback was highly positive about all aspects of the service. Reception staff were praised for their polite approach and flexibility in arranging urgent appointments during busy periods. Clinician were described as 'amazing' and 'very kind' and several described periods of serious illness where the support by the practice had been invaluable and reassuring during a time of crisis.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,153	228	118	51.75%	1%

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)	82.3%	74.8%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	88.8%	88.3%	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)	95.2%	95.4%	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)	86.0%	86.1%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	94.2%	91.1%	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)	92.0%	90.8%	90.7%	Comparable to other practices
Any additional evidence or comments: N/A				

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

Date of exercise	Summary of results
03/18	The patient participation group undertook a survey of patients who attended the surgery in person. They obtained 103 responses. The survey found that 90% of patients described reception staff as helpful. In response to the question 'What is your overall experience of making an appointment?' 45 patients said it was easy/fairly easy and 56 patients said it was difficult/fairly difficult. In response to this, the provider is looking to increase online access and recruit an additional receptionist to assist with peak periods of demand.

Any additional evidence
N/A

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with two patients on the day of the inspection who confirmed that they felt involved in decision about their care and treatment. This was echoed in the nine written comments we received during the inspection.

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)	88.8%	85.7%	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)	84.0%	80.6%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	92.0%	89.9%	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)	86.3%	84.9%	85.4%	Comparable to other practices

Any additional evidence or comments: N/A

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format. Clinicians have access to suitable materials to explain procedures to patients who have a learning disability.	Yes
Information about support groups was available on the practice website. A local voluntary group that supported patients with social and wellbeing activities in the community was actively promoted by reception staff.	Yes

Carers	Narrative
Percentage and number of carers identified	The provider had identified 216 people (2% of the patient population) as carers and maintained a register.
How the practice supports carers	We saw a carers information board at both the main and branch sites. This included leaflets and resources. Identified carers were offered a flu vaccination.
How the practice supports recently bereaved patients	Families of bereaved patients were offered support by the practice. . A sympathy card is sent to the family, offering condolences and useful support information. The data management team are immediately informed of a patient death to prevent correspondence being sent such as review invitations causing distress to the recently bereaved.

Any additional evidence
N/A

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	We saw a sign to request privacy and staff modulated their voice to minimise the risk of being overheard.

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

Examples of specific feedback received:

Source	Feedback
Comment cards and patient interviews	Patients confirmed that the practice was very caring and this aligned with the higher than average national patient survey results.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	Wilsden 8am to 6pm Cullingworth 8am to 6pm
Tuesday	Wilsden 7.30am to 6pm Cullingworth 8am to 6pm
Wednesday	Wilsden 8am to 6pm Cullingworth 7.30am to 12.45pm
Thursday	Wilsden 7.30am to 6pm Cullingworth 8am to 6pm
Friday	Wilsden 8am to 6pm Cullingworth 8am to 6pm

Appointments available	
	Throughout the day.
Extended hours opening	
	Tuesday, Wednesday and Thursday from 7.30am to 8am.

Home visits	Y/N
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	
The practice policy states that a patient may request a home visit and whilst it is preferable to do this before 11am, visits may be scheduled if clinically necessary at any point in the usual working day. All requests were reviewed by the duty doctor and allocated to an appropriate clinician.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,153	228	118	52%	1%

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)	74.6%	77.7%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	50.6%	58.8%	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)	71.0%	69.1%	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)	60.4%	64.2%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Practice own patient survey 03/18	Patients reported that obtaining an appointment could be difficult at peak periods, but had commented that telephone access had recently improved. Overall, patient felt that trying to call early in the morning could result in a long wait and that some preferred to visit in person, if that was practical. Patients were satisfied with the opening hours and aligned with the national survey results.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	20
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:

We saw that the provider promoted access to the complaints procedure and had appointed a designated person to manage the process. Staff we spoke to were aware of how to support a patient in making a complaint. We saw that written and verbal complaints were recorded. The provider made the appropriate submissions to NHS digital services detailing the total number of complaints made annually, the proportion that were upheld or not upheld and category type.

We reviewed two complaints and found that in both cases, some specific issues of complaint had been overlooked by the provider when sending their response. We saw that these issues had not been investigated and that opportunities for learning and improvement had been lost.

In both examples we reviewed, no reference was made to the complainant of their right to escalate the matter to the Parliamentary and Health Ombudsman if they remained dissatisfied with the response.

Senior staff we spoke with could not recall any learning or changes to systems or processes as a result to complaints. This was despite five of the 20 complaints received in the previous year being upheld and a further six complaints being partially upheld.

We saw that written responses were always courteous and polite. We saw that an apology was made in one case where a patient had not felt listened to during a GP consultation.

Example of how quality has improved in response to complaints

The provider kept a log of complaints and had identified that from 20 complaints received; 5 were upheld and 6 partially upheld. However, there was no formal reflection or evidence to confirm that complaints had been reviewed or learning undertaken by the practice. However, we were told by a staff member that a complaint had led to reception staff being advised that two months medication should be added to a repeat prescription unless agreed otherwise. However, the most recent prescribing policy states that medicines should routinely be issued with a one month supply.

Any additional evidence

The provider also kept a log of compliments which was shared with staff. These included 'Thank you' cards for kind and compassionate care and support with tackling difficult issues and diagnosing long term conditions.

Well-led

Leadership capacity and capability

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

Staff told us that there was an honest and open culture at the practice and all of the team members we spoke to felt proud to be part of the organisation. We saw that there was effective communication and involvement across the team.

Any additional evidence

The patient participation group were highly engaged and told us they felt valued and respected by the partners and the staff team.

Vision and strategy

Practice Vision and values

The practice told us they had developed core values of respect, fairness, openness and accountability to underpin their practice vision. We saw that a business plan had been drafted and was reviewed every six months.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice demonstrated that staff were given annual appraisals and managers acted on sustaining and improving performance in order to improve patient outcomes.

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

Source	Feedback
Staff interview	We were told and saw evidence that the development needs of staff were understood and actively supported. For example, by additional training.
Staff interview	We saw that the individual needs of staff were assessed and taken in account to ensure that all staff were safe and supported at work.

Any additional evidence

We saw evidence that the staff team were kind and compassionate to each other. For example, being supportive to colleagues whose personal circumstances required a flexible approach.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Evidence of effective recruitment, safeguarding and IPC policies
Cancer screening	We saw evidence that an effective screening and health promotion process was in place for cervical, breast and bowel cancer screening and as a result the provider had above average take up of these services.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
The practice had established the role of managing partner to increase effectiveness through the coordination of partnership activities and to provide direct mentoring across the management team.

Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and Safety logbook	Identification of failed light bulbs or routine maintenance was logged in the incident book and signed off when completed.
Staff with special needs	A risk assessment was undertaken to identify and plan for any health and safety issues associated with the needs of staff.
Uncoordinated approach to the recording and learning from significant events prior to November 2017	The practice had identified this as a potential risk and in response, established an effective approach to the identification of significant events and were able to evidence that learning and reflection was improving patient care outcomes.

Any additional evidence
However, we saw that the provider should undertake a comprehensive and systematic health and safety risk assessment for all operations appertaining to the practice and the branch site to be assured that all potential risks had been identified and that appropriate controls measures were in place.

Appropriate and accurate information

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

Any additional evidence
N/A

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had a highly engaged patient participation group. We spoke to two representatives of the group who told us they were respected and supported by the practice.

Any additional evidence
The patient participation group had undertaken a range of surveys to understand the health needs of the patient population. For example, a men's health survey to encourage men to take as much care of themselves as they would their car. The patient group had also made several presentations to local high schools to encourage sixth form students to consider joining the patient group. The group also ran health promotion stalls at village gala events. The group also encouraged wider wellbeing activities and had developed a local art group with work on display at the practice.

Continuous improvement and innovation

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

Audit area	Improvement
NOAC- anti coagulation medicine	The provider had undertaken several cycles of audit over the previous three years and had seen the number of patients on a treatment management plan improve from 8% to 100%. This gave assurance that the medicine was being safely managed.
Etoricoxib- a medicine used to treat osteoporosis	The provider had undertaken an audit of patients taking this medicine, following a change in the recommended maximum dosage. The audit had been repeated and the practice was assured that none of their patients were exceeding the new recommended maximum dose.

Any additional evidence
The provider, in partnership with the patient participation group and other associated health, care and legal professionals, had delivered an innovative six week course around planning and care towards the end of life. This course had encouraged participants to begin sometimes difficult conversations in a

constructive and affirming way. Feedback from the course was highly positive and the practice plans to run the course again.

DO NOT DELETE THE NOTES BELOW

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).