

Care Quality Commission

Inspection Evidence Table

Colne Road Surgery (1-4475950300)

Inspection date: 24 May 2018

Date of data download: 23 May 2018

Safe

Safety systems and processes

Source	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. 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
Further information: Non-clinicians who were not designated as chaperones had not undergone a DBS check, however the rationale was clearly documented for this decision in the form of a comprehensive risk assessment.	

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

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes September 2017
There was a record of equipment calibration Date of last calibration:	Yes September 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes December 2017
Actions were identified and completed.	Yes
Additional observations: We saw that actions identified as part of the fire risk assessment had been completed by the provider in a timely manner.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes December 2017
Health and safety risk assessment and actions Date of last assessment:	Yes December 2017
Additional comments: We saw comprehensive risk assessments and associated documentation which demonstrated appropriate action had been taken by the provider to mitigate any risks identified in a range of areas relating to health and safety.	

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>The audit completed was room-specific for the different areas of the practice premises and documented that the practice was complying with expected standards of infection prevention and control (IPC). The practice planned to repeat the audit in six months' time to ensure IPC practices were monitored thoroughly.</p>	<p>Yes</p> <p>March 2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
<p>Additional comments:</p> <p>The size of the provider organisation facilitated flexibility and cross-cover of staff from other practices in order to ensure patient needs were met during busy periods, staff absence and on an ongoing basis.</p>	

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including 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
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	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
<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>Yes</p> <p>Yes</p> <p>Yes</p>
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

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 since September 2017 when the provider took over.	24
Number of events that required action	15

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

Event	Specific action taken
Home visit request shortly before patient passed away	The practice reviewed and updated processes around how home visit requests were managed by staff, and ensured that electronic tasks were used rather than paper noted to ensure a clear audit trail was maintained.
Breakdown in communication between GP practice and paramedics	Following analysis of the event, the lead GP wrote to the local ambulance service with a chronology of the events and requested they investigate the incident internally as an SEA in order to maximise learning and mitigate against a repeat.
Delayed action following electronic task being sent.	Delay identified following completion of regular audit of task completion rates, set up by the provider to monitor and safety-net against such incidents. Task actioned and training reinforced for staff.

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: We saw patient safety alerts were disseminated promptly to clinicians, and a comprehensive log maintained detailing the alerts received, and any subsequent action taken by the practice as necessary as a result. We saw meeting minutes documenting discussions of recently received alerts and their implications on clinical practice.</p>	

Effective

Quality Outcomes Framework (QOF) results for the period 2016/2017 relate to the previous provider.

Effective needs assessment, care and treatment

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)	87.4%	82.1%	79.5%	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	24.1% (78)	16.7%	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)	84.8%	81.8%	78.1%	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	51.2% (166)	10.5%	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)	81.6%	82.8%	80.1%	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (36)	14.2%	13.3%	

The practice was aware of the high exception reporting figures under the previous provider (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The new provider showed us unpublished and as yet unverified data demonstrating the exception reporting rate for the clinical domains had been reduced from 19.5% for the 16/17 year, down to 11% for 2017/18.

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)	72.2%	77.4%	76.4%	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.4% (21)	8.9%	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)	94.6%	92.4%	90.4%	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (19)	10.8%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	82.8%	85.2%	83.4%	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.2% (97)	4.6%	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)	95.7%	86.1%	88.5%	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.8% (8)	9.7%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	54	71	76.1%	80% or below Significant variation (negative)
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)	47	52	90.4%	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)	47	52	90.4%	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)	47	52	90.4%	Met 90% Minimum (no variation)

The practice demonstrated it was aware of the poor uptake of vaccines for one year old children under the previous provider. It told us how it had refined recall systems, increased the number of immunisation and vaccination clinics on offer, and considered the timings of these to ensure their convenience for families. The practice had also begun to distribute an early years fact sheet to parents which promoted the vaccination schedule. This fact sheet had been designed by the provider's staff at one of its other practices in the region and had won an award locally for its content.

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2016 to 31/03/2017) (QOF)	85.7%	82.2%	80.9%	Not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	61.7%	68.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	48.5%	56.5%	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)	80.0%	75.1%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	93.8%	93.3%	90.3%	Not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.7% (7)	13.7%	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)	93.6%	91.9%	90.7%	Not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.5% (8)	11.0%	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)	92.0%	87.6%	83.7%	Not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (1)	5.5%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	537	549	539
Overall QoF exception reporting	12.9%	6.7%	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.	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

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)	96.3%	95.9%	95.2%	Not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.8% (21)	0.8%	0.8%	

Description of how the practice monitors that consent is sought appropriately

We saw evidence that staff had received appropriate training around consent, for example in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff we spoke with demonstrated a good awareness of the issues of consent and were able to describe appropriately the course of action they followed in order to ensure it was obtained and documented as required.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	21
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards	Patients were generally positive about the service with the feedback offered on the comments cards, with many naming individual staff members, both clinical and non-clinical, to praise the quality of service delivered. Staff were described as friendly and patients told us how they were made to feel at ease in their appointments. Many comments related to improvements evidence to the patients since the new provider took over the practice.
Comments cards	Some concerns were raised on two of the cards regarding ongoing difficulties accessing appointments. However, two other cards specifically praised the practice for offering swift access.
NHS Choices	Four reviews had been left on NHS Choices since the new provider took over the practice, all of which were positive. Staff were described as hard working, friendly and helpful. Three of the comments made reference to how the practice had improved since the new provider had taken over.

National GP Survey results

The National GP Survey results published in 2017 relate to a period of time when the practice was operated by the previous provider.

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
4,182	318	7.6%	96	30.19%

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)	46%	77%	77%	Not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	78%	87.7%	86%	Not available
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	95%	95.5%	95%	Not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	66%	85.7%	86%	Not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	98%	93.0%	91%	Not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	97%	92.6%	91%	Not available

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

Date of exercise	Summary of results
January – March 2018	<p>A total of 132 patients completed the practice's own written survey questionnaire. Patients responded extremely positively to questions around their level of confidence in the practice and whether they were treated with dignity and respect, with scores well into the 90% range for these areas. The proportion of those surveyed who would recommend the practice to others was 91%. However, the practice recognised patients were less happy with telephone access, with 76% feeling their phone call to the practice was answered promptly. Also, the survey highlighted that some patients were not fully aware of the practice's appointment system; 30% of respondents were not aware appointments could be booked up to four weeks in advance.</p> <p>The practice had compiled and analysed the patient responses to the survey, and produced an action plan to address the issues raised. For example, additional telephone lines had been added to reception and the practice was liaising with the CCG to implement a call queuing system. The practice produced a newsletter, available to patients in the waiting area, which described the appointment system to raise patient awareness.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Comment cards	Patients told us they felt involved in decisions about their care and treatment. Several the cards praised staff for making patients feel listened to.
Interviews with patients	Patients told us staff were very knowledgeable, with clinicians clearly explaining care and treatment options.

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)	78%	85.6%	86%	Not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	70%	81.3%	82%	Not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	94%	92.0%	90%	Not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	95%	87.9%	85%	Not available

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	No

Carers	Narrative
Percentage and number of carers identified	The practice had identified 113 patients as carers. This represented approximately 3% of the patient list.
How the practice supports carers	The practice's health care assistant (HCA) was nominated as carers champion who maintained regular contact with those on the carers register to offer advice and support where needed. Carers were signposted to appropriate community services and groups, and the practice maintained a carers board in the waiting area to promote these services. Identified carers were invited for an annual health check which included screening for any emotional difficulties they may be experiencing, for example depression.
How the practice supports recently bereaved patients	The practice had nominated a staff member to act as champion for bereavement, in order to ensure the needs of family members of recently bereaved patients were fully met. Family members were contacted by the practice so that support could be offered and guidance given around local services available as required. Relatives have a named person at the practice who they can contact for any additional support or if they have any queries. The practice sent bereavement cards to families who were recently bereaved.

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	<p>All staff had completed training around information governance and had signed the practice's confidentiality agreement to document they understood the importance of maintaining patient confidentiality.</p> <p>We saw conversations at the reception desk took place away from the seating in the waiting area, and computer monitors were out of sight of the patients.</p> <p>Staff we spoke with were aware of the option to offer patients a private space to discuss sensitive issues.</p>

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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us they felt staff respected their privacy and dignity both when speaking to reception and administrative staff and also clinicians.
Comment cards	Patients described the reception staff as very friendly and welcoming and told us they felt comfortable when visiting the practice.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-20:00
Thursday	08:00-18:30
Friday	08:00-18:30

Appointments available Monday to Friday. The practice offered a morning and an afternoon surgery.

Extended hours opening: Wednesday evenings between 18:30 and 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	
<p>Requests were taken by the admin team who added details of the request onto the home visit list for the GP to review and triage.</p> <p>Non-clinical staff we spoke with demonstrated a good understanding of 'red flag' symptoms indicating more urgent treatment was required, and how these requests would be appropriately managed to ensure patients received the necessary treatment.</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)	71%	78%	76%	Not available
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	50%	71.5%	71%	Not available
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	80%	83%	84%	Not available
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	52%	72.2%	73%	Not available

Examples of feedback received from patients:

Source	Feedback
Comment cards	Two cards made explicit reference to the fact that appointments were available when needed.
Patient interviews	Patients told us access to appointments had improved since the new provider had taken over the practice in the Autumn of 2017.

Listening and learning from complaints received

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

Complaints	
Number of complaints received since September 2017.	3
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Additional comments:
<p>We saw systems in place to manage complaints appropriately. We examined one complaint in detail relating to difficulties with telephone access and then subsequent difficulties contacting the practice manager. We found it was handled satisfactorily and resolved in a timely manner. The patient had been offered an apology and full explanation of measures put in place by the practice to avoid a repeat of the incident; for example a message system had been implemented on reception to clarify communication channels with the practice manager. We saw that significant event analyses were also initiated where appropriate following receipt of a complaint in order to maximise learning, and saw evidence of complaint investigations being discussed at staff meetings to ensure staff were made aware of any necessary changes.</p>

Any additional evidence
<p>The provider shared data with us demonstrating how it had increased the number of appointments on offer since taking over the practice in September 2017. During the month of July 2017 (pre-take over) the practice offered 884 appointments with either a GP or advanced nurse practitioner, and a further 458 appointments with either a nurse or health care assistant. In November 2017, the practice had offered 1213 GP / ANP appointments, with a further 968 PN / HCA appointments. We saw the provider completed regular demand and capacity audits in order to monitor the number of appointments offered against the demand for them. The two most recent of these audits (January and April 2018) demonstrated the practice was offering 2% more appointments than patient demand. We also saw the provider proactively monitored the rates of appointments where patients failed to attend, and had implemented measures, such as text message reminders, in an effort to reduce these.</p>

Well-led

Leadership capacity and capability

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

The provider had established an overarching management structure and implemented systems and processes to ensure comprehensive governance was embedded into practice. A team of support staff were employed so that functions such as human resources and finance could be centralised across the organisation. Employees we spoke with were aware of the staffing structure and associated roles and responsibilities, both within the practice and the whole organisation. The provider incentivised innovation amongst its staff and we saw a culture of learning and sharing best practice across the wider organisation.

Vision and strategy

Practice Vision and values

On taking over the practice in September 2017, the provider had recognised a disconnect between the practice and its patients. It had prioritised re-engaging the patient list with the practice, by integrating the practice as central to the community and in turn improve patient outcomes.

Culture

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

Source	Feedback
Staff interviews	Staff we spoke with told us they felt well supported by management and described a team ethos. We were told practice management were extremely receptive to any training requests, and that GPs and management had an open-door policy if staff felt they had any queries or concerns. Staff we spoke with told us they felt valued and enjoyed their work.

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

Source	Example
Discussion with the practice nurse	The nurse informed us they had fed back to management regarding concerns around previous coding of childhood immunisations and vaccination under the previous provider. As a result, appointments for childhood immunisation and vaccination were increased to 20 minutes in length to allow sufficient time for the nurse to take a more detailed history from parents and ensure all necessary vaccinations had been administered.
Discussion with administrative staff	The management of documentation around any controlled drugs prescribed was updated as a result of staff feedback, with the introduction of these prescriptions needing to be 'signed out' by the patient to provide an audit trail of their collection and so minimise the risk of the medication being abused.

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

Source	Example
Complaint and significant event	We saw evidence following a complaint / significant event around difficulties with patients communicating with the practice management, the practice acted in a

documentation	timely manner to implement actions to mitigate against a repeat. We also saw that affected patients were notified appropriately and an explanation offered as to what had happened and what the practice had put in place to ensure it did not happen again.
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Examples of concerns raised by staff and addressed by the practice

Source	Example
Interviews with staff	Staff we spoke with were aware of the practice's whistleblowing and incident reporting policies. They told us they felt comfortable to raise concerns with either the GP or practice manager should the need arise.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Example
Staff records	Staff immunisation records were kept by the practice to ensure relevant staff and patients were protected appropriately.
Staff records	Staff were offered an annual appraisal to assess learning needs and were given protected time to undertake training. We also saw staff had completed training around conflict resolution.
Staff interviews	Staff told us there was an open-door policy at the surgery and they were free to raise any concerns with managers and were encouraged to ask any questions. They told us they were made to feel valued members of the team.

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

Source	Example
Staff training documents	All staff were trained in respecting equality and diversity.
Policy documents	The provider had an equal opportunities policy which staff were aware of and we saw was comprehensively embedded into practice.

Examples of actions to improve quality since September 2017

Area	Impact
In house diagnostics	The provider had recognised the use of in-house diagnostic tools had been minimal prior to it taking over the practice in September 2017 and had implemented measure to address this. Between April and September 2017, a total of 5 ECGs had been completed by the practice. Between October 2017 and April 2018 the practice had completed an additional 49 ECGs. This reduced the number of referrals needed to secondary care and improved patient experience as any required treatment could be initiated in a more timely manner.
Health promotion	The current provider had implemented a more comprehensive approach to ensuring eligible patients received the NHS health check. In the year leading up to 30 September 2017, the practice had carried out a total of 52 health checks. Only 6 patients had been proactively invited for the check in this period. Between October 2017 and April 2018, the current provider had proactively invited 266 patients in for the NHS health check, and the checks had been completed for 217 of these; this facilitated the practice being better able to identify health needs for patients and ensure any required treatment was initiated at the earliest opportunity.
Cytology screening	Prior to the current provider taking over, there were 152 females registered with the practice eligible for a cervical screening; of these only 49 were identified as having had the screen undertaken. At the time of our inspection the practice had identified 208 patients as being eligible, of which 151 of these had been screened.

Examples of service developments implemented since September 2017

Development area	Impact
Clinical capacity	Clinical capacity had been increased by the new provider in order to improve access and ensure patient's health needs were met in a timely manner. A total of 18 clinical sessions had been added per week over and above what had been offered prior to September 2017.
Patient engagement	The practice had implemented weekly 'conversation café' and made 'welfare chat' appointments available with the health care assistant. These provided a social networking opportunity for those patients who may feel isolated.

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	There were documented procedures to manage patient complaints and significant events. All these were discussed in a timely way, shared at practice meetings and actions taken as a result reviewed as necessary.
Practice specific policies	Policies and procedures were dated and reviewed according to a planned programme. They were consistent with best practice guidelines and any relevant legislation. They were available for reference at all times on the practice shared drive. The provider asked staff to sign to say they had read each policy document, including when policies were changed or updated so as to provide assurance that staff were aware of and understood them.
Corporate management structure	The provider had established an overarching management structure to offer oversight and support across its network of practices. Management at practice level reported to senior management around established key performance indicators to ensure the delivery and quality of services was maintained. The structure facilitated shared learning, with changes to practice implemented across the entire organisation where it was deemed necessary to do so.
Quality improvement programme	Managers kept a documented programme of quality improvement to ensure it was central to practice service delivery.
Staff meetings	The practice held regular staff meetings to ensure good communication channels were maintained, with effective dissemination of any changes. They also ensured staff had every opportunity to contribute to the development of the practice.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Safe working conditions for staff	Comprehensive risk assessments had been undertaken, incorporating health and safety issues relating to the premises. We saw that action plans had been produced as a result, with timescales and completion of the actions documented.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	<p>The practice had completed its own patient survey in March 2018</p> <p>Friends and Family Test.</p> <p>Patient communication noticeboards.</p> <p>Patient newsletter</p>	<p>The practice had been able to apply a measure to the changes it had implemented around clinical capacity and the resulting impact on access to appointments. The survey had highlighted continued improvements required around telephone access and the practice had implemented an action plan to address this, with additional telephone lines added and a call queuing system planned.</p> <p>The patient newsletter and patient noticeboards were utilised to keep patients abreast of any changes to services and to signpost them to useful facilities, such as online access.</p>
Public	<p>NHS Choices website.</p> <p>Practice website</p>	<p>The practice responded to comments on the NHS Choices website.</p> <p>The practice website informed viewers as to the services on offer and how new patients could register at the practice.</p>
Staff	<p>Staff appraisals.</p> <p>Regular staff meetings and minutes.</p>	<p>Staff told us they felt included in service developments. They said they felt listened to, they could speak to managers at any time and they were kept informed. The provider offered prizes to incentivise staff feedback and contributions to quality improvement and service developments.</p>
External partners	<p>CCG development meetings.</p> <p>Meetings with local community services.</p>	<p>The practice nurse and HCA attend the local CCG nursing forum meetings to network with peers.</p> <p>The practice held regular multidisciplinary meetings with local community services to ensure the needs of complex patients were appropriately met.</p>

Feedback from Patient Participation Group;

Feedback

We spoke with one patient whom the practice had identified as being a member of the patient participation group. We were told how the practice was working to establish a more representative group and that this was ongoing. We saw literature on noticeboards in the patient waiting area and information in the patient newsletter promoting the group.

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

Examples	Impact
Patient feedback regarding layout of chairs in patient waiting area.	We spoke with a patient who told us of feedback they had offered the practice after the waiting room chairs had been moved; chairs on the end of the rows did not have armrests. The patient identified this could be a risk to patients who were less steady on their feet. The practice responded promptly by rearranging the chairs to ensure those on the end of rows had armrests.
The practice had responded to patient feedback around access by conducting demand and capacity audits and subsequently increasing clinical capacity.	The practice's patient survey, completed in March 2018 illustrated patient satisfaction with accessing appointments had improved, with 87% reporting their experience of making an appointment was a positive one.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
The practice had collaborated with others in the local primary care network to implement a mental health project in five local high schools.	Although in its infancy at the time of our inspection, it was envisaged this project would offer support for children experiencing difficulties with their mental health in a setting they felt more comfortable / familiar with.

Examples of improvements demonstrated as a result of clinical audits since the change of provider in September 2017

Audit area	Impact
Anticoagulation monitoring	The practice examined its management of patients receiving anticoagulation treatment. It improved the appropriate coding of medication and documentation of necessary health check results from 78% to 92% between January and April 2018.

Any additional evidence

The practice was due to become a teaching practice in September 2018, taking on medical students.

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>