

# Care Quality Commission

## Inspection Evidence Table

### High Street Surgery (1-540203340)

Inspection date: 27 June 2018

Date of data download: 22 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.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y*
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
Explanation of any 'No' answers:  *Staff had access to safeguarding e-training modules and all of the staff we spoke with demonstrated an awareness of managing safeguarding concerns. However, at the time of inspection a member of the reception team and the health care assistant had not completed their safeguarding children refresher training. The practice told us that this training would be completed by 20 July 2018.	

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.	No
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 data-bbox="73 618 472 651">Explanation of any answers:</p> <p data-bbox="73 707 1517 853">Clinical staff had a record of Hepatitis B vaccination. However, at the time of inspection the practice did not have up-to-date records of vaccinations for all staff members in line with national guidance. Shortly after our inspection, the practice told us that staff members were in the process of having their blood tests to ensure all staff members had the required vaccinations relevant to their roles.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 15/01/2018	Y
There was a record of equipment calibration Date of last calibration: 15/01/2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	N
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion: 05/07/2017	Y
Actions were identified and completed. The identified action within the fire risk assessment was for the emergency lighting to be tested every 12 months.	Y
Additional observations:	None
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 10/10/2017	Y
Health and safety risk assessment and actions Date of last assessment:	N
Additional comments: At the time of inspection the practice did not have a record of planned fire drills or a health and safety risk assessment in place. The practice took immediate action and shortly after the inspection, we received evidence to confirm a health and safety risk assessment had been completed on 5 July 2018. The practice had completed a fire drill on 6 July 2018 and implemented a process to ensure records were maintained.	

Infection control	Y/N
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Risk assessment and policy in place	Y
Date of last infection control audit: 13/05/2016	
The practice acted on any issues identified	Y
Detail: Professional cleaning of the floors on an annual basis.	
The arrangements for managing waste and clinical specimens kept people safe?	Y
<p>Explanation of any answers: The practice did not have a documented audit of infection prevention and control within the previous 12 months. However, the practice had reviewed their infection prevention and control processes and had made changes as a result. For example, the practice had installed a wipeable floor protector to cover the area directly around the treatment area.</p> <p>Shortly after the inspection, we received evidence to confirm the practice had undertaken an infection prevention and control audit of the premises and this was now being carried out on a regular basis.</p>	

Any additional evidence
An external contractor collected clinical waste from the practice on a regular basis. A Legionella risk assessment was in place and the practice carried out water temperature checks.

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans were developed in line with national guidance.	Y
Staff knew how to respond to emergency situations.	Y
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.	N
In addition, there was a process in the practice for urgent clinician review of such patients.	Y
The practice had equipment available to enable assessment of patients with presumed sepsis.	Y
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
Explanation of any answers: During our inspection we found not all non-clinical staff had a clear understanding of 'red flag' sepsis symptoms. Shortly after the inspection, the practice provided us with evidence to confirm arrangements were being made for non-clinical staff to receive training.	

## Information to deliver safe care and treatment

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

## 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)	0.99	1.04	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	9.1%	8.5%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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## Track record on safety and lessons learned and improvements made

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

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

Event	Specific action taken
Patient documentation scanned into incorrect patient record.	All administration staff members reminded of importance of ensuring scanned letters are allocated to correct patients.
Prescribing error.	All clinicians reminded to check alerts on patient records before prescribing medicines.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
The practice maintained a log of all safety alerts received. A named person was responsible for receiving and circulating safety alerts to relevant staff for action. The practice had a process in place to ensure a record was maintained of action taken for safety alerts relevant to the practice.	

# 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)	0.72	0.72	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)	74.2%	77.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (9)	10.5%	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)	62.9%	75.6%	78.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (16)	8.6%	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%	77.5%	80.1%	Comparable to other practices



QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	5.4%	(18)	12.2%	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)	60.5%	74.8%	76.4%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (10)	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)	90.6%	90.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.0% (24)	13.4%	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)	80.9%	81.9%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (13)	3.2%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	84.6%	87.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.3%	8.2%	

**Any additional evidence or comments:** During our inspection we checked a sample of records and found all of these patients had received appropriate reviews and had their care reviewed regularly. Unverified data from the latest Quality and Outcomes Framework (QOF) 2017/2018 showed patient outcomes were above average for the locality and compared to the national average for all long-term conditions indicators including mental health, diabetes and asthma. Exception reporting was below the local and national average. (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).

## 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)	48	51	94.1%	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) (01/04/2016 to 31/03/2017) (NHS England)	50	54	92.6%	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)	49	54	90.7%	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)	50	54	92.6%	Met 90% Minimum (no variation)
<b>Any additional evidence or comments</b> The practice performance for childhood immunisation rates were above the 90% standard across all four indicators. The practice told us that they had increased uptake by contacting all patients with a pre-booked appointment in order to reduce the number of missed appointments.				

## 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)	72.3%	74.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	70.9%	70.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.9%	58.8%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who	66.7%	65.5%	71.2%	N/A

have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)				
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)	44.0%	53.1%	51.6%	Comparable to other practices
<b>Any additional evidence or comments:</b> The practice encouraged uptake to national screening programmes during patient health checks and promoted campaigns using noticeboards in patient waiting areas.				

## 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)	34.7%	91.7%	90.3%	Significant Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (1)	14.6%	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)	73.5%	91.1%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (1)	12.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	77.3%	83.2%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.4% (4)	8.1%	6.8%	
<b>Any additional evidence or comments:</b> Unverified data from 2017/2018 QOF showed all patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. The practice told us that they regularly monitored their QOF performance and had taken pro-active steps to ensure patients received their annual review.				

## Monitoring care and treatment

Indicator	Practice	CCG average	England average
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Overall QOF score (out of maximum 559)	510	538	539
Overall QOF exception reporting	3.5%	5.0%	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) (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)	97.2%	94.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (4)	0.6%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The practice recorded consent and monitored the process for seeking consent appropriately.



# Caring

## Kindness, respect and compassion

Patient comments	
Total comments received	Five
Number of patient comments received which were positive about the service	Three
Number of patient comments received which were mixed about the service	Two
Number of patient comments received which were negative about the service	None

Examples of feedback received:

Source	Feedback
Patients	<p>Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. However, some patients told us that contacting the practice on the telephone could be difficult during the mornings and appointment waiting times could be between 30 to 45 minutes long.</p> <p>Feedback from the Patient Participation Group (PPG) chairperson was positive. They told us they were satisfied with the care provided by all staff members at the practice and said their dignity and privacy was respected.</p>

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,143	249	116	46.59%	2%

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)	70.1%	75.6%	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)	92.3%	87.1%	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)	96.2%	95.1%	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)	84.7%	82.8%	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)	93.4%	91.7%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	91.8%	91.2%	90.7%	Comparable to other practices

**Any additional evidence or comments:** Results from the National GP Patient Survey published in July 2017 showed the practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses.

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

Any additional evidence
The practice monitored the results from the National GP Patient Survey and had plans in place to make improvements to the service where required.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	During the inspection we spoke with five patients including the chairperson of the Patient Participation Group. All of these patients told us that they felt involved in their care and treatment. They also told us they felt listened to and supported by the doctors and nurses and had sufficient time during consultations.

## 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)	85.8%	84.7%	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)	73.1%	78.9%	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)	91.6%	90.1%	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 (01/01/2017 to 31/03/2017)	86.7%	85.8%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice held a register of carers, with 189 carers identified, which was approximately 3% of the practice list.
How the practice supports carers	The practice's computer system alerted GPs if a patient was also a carer. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They attended local carers meetings and information about support services for carers was displayed in the practice.
How the practice supports recently bereaved patients	The practice had a staff lead in place for bereavement and staff told us that if families had experienced bereavement their usual GP contacted them and arranged a visit.

## Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Staff recognised the importance of patients' dignity and respect. However, the size of the reception area meant that there was a lack of privacy when patients spoke with reception staff.</p> <p>Staff were aware of this and made efforts to maintain privacy and confidentiality. A notice was displayed in the reception area to promote patient confidentiality. The practice had an electronic check-in desk which was available in different languages.</p>

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

Examples of specific feedback received:

Source	Feedback
Patients.	The patients we spoke with told us that their privacy and dignity was always respected by reception and medical staff.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm

Appointments available	
9am – 11am	3pm – 6.30pm
Patients could contact the practice via telephone from 8am.	
Extended hours opening	
One Saturday a month	8.30am – 12pm

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	Y
If yes, describe how this was done	
The practice provided telephone triage and ring back service by a duty doctor. All home visit requests were clinically assessed by a duty doctor.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,143	249	116	46.59%	2%

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)	71.9%	75.8%	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)	61.9%	60.9%	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)	69.8%	70.0%	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)	68.4%	66.2%	72.7%	Comparable to other practices
<b>Any additional evidence or comments:</b> The practice introduced extended opening hours in 2017 and regularly monitored patient feedback and satisfaction with access to the services.				

### Examples of feedback received from patients:

Source	Feedback
Patients	All of the patients we spoke with told us that they could get an appointment for when they needed one.



## Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	13
Number of complaints we examined	Seven
Number of complaints we examined that were satisfactorily handled in a timely way	Seven
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
Additional comments:	
Information about how to make a complaint or raise concerns was available and it was easy to do. The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.	

Example of how quality has improved in response to complaints
The practice had provided all staff with up-to-date details of the phlebotomy services available in the local area. This was done to ensure all staff provided accurate information to patients who required testing.

# Well-led

## Leadership capacity and capability

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

The practice had successfully recruited a permanent practice manager within the four weeks prior to our inspection. Staff were encouraged to upskill and the practice was in the process of undertaking a review of professional development plans for staff members.

## Vision and strategy

### Practice Vision and values

The practice had a vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was to provide high quality health care that was caring and patient focused.

## Culture

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

Feedback from staff was positive about the culture. Staff said they felt respected and valued. Staff members told us that there was an open culture and described the practice manager and GPs as approachable and supportive.

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

Source	Feedback
Staff	Described a positive and inclusive culture which promoted openness and supportive learning.
Staff	Reflected on the practices' focus on ensuring a consistent and effective flow of information across all staff groups.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a number of practice specific policies in place which were reviewed and updated regularly and available to all staff members.
	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

## Managing risks, issues and performance

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

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Low staff morale	The previous practice manager had left in 2018 and an interim practice manager was in post for approximately four months. The new practice manager had implemented a plan to ensure all staff members had regular discussions and reviews to ensure they were involved in the running of the practice.
Health and safety	The practice manager had identified the need to ensure an up-to-date health and safety audit was completed. They had developed a template for this and had a schedule in place for the audit to be completed with the support of the GPs.

## Appropriate and accurate information

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

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

### Feedback from Patient Participation Group;

Feedback
The Patient Participation Group (PPG) held regular meetings with senior practice staff. The Chairperson of the PPG told us that members were asked for their views on possible service changes. They reported that they felt they were kept informed by the practice and had supported the practice in ensuring information displayed in the practice was accurate and relevant to the local population. The PPG had also worked with the practice to improve patient confidentiality in the patient waiting area.

Any additional evidence
Staff members told us that the practice listened to their views and acted on feedback. For example, the practice had acted on staff feedback and introduced courtesy calls to patients with pre-booked appointments. This had resulted in a reduction in the number of patients that were missed by patients.

## Continuous improvement and innovation

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

Audit area	Improvement
High risk medicine monitoring	The practice had reviewed their management of patients receiving a specific medicine which required monitoring. This had resulted in an improvement to the process in place for monitoring these patients.

Examples of innovation and improvements	Impact on patients
Premises and growing list size.	The practice had liaised with local stakeholders and had recently submitted plans for new premises to be developed. These plans had been accepted by the local CCG and were in the process of being considered by the local authority.
Improving access to primary care within the locality.	The practice worked closely with a local federation and was an active member within the locality. The practice participated in plans to share resources and services in partnership with local practices. The practice participated in the development of a new community hub service which planned on offering GP appointments seven days a week. The practice manager and senior GP had leading roles in the development of this service which was scheduled to commence in September 2018.

**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](#)).