

Care Quality Commission

Inspection Evidence Table

The Wand Medical Centre (1-558957053)

Inspection date: 02.07.18

Date of data download: 19 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: *The practice was able to demonstrate that they had assessed the risk of some staff not having a DBS check in place because of their role.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y*
Staff who require medical indemnity insurance had it in place	Y

Explanation of any answers:

*The practice were unable to demonstrate that professional registrations were checked on an ongoing basis to ensure continued suitability for the role. They told us that going forward they would begin to do this and had previously relied on professional ethics to govern staff in this regard. From files we viewed on the day of the inspection these had been completed at recruitment.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Y June 2018
There was a record of equipment calibration Date of last calibration:	Y June 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion	Y March 2018
Actions were identified and completed. There were no actions identified from the fire risk assessment.	
Additional observations:	
Health and safety Premises/security risk assessment? Date of last assessment:	Y March 2018
Health and safety risk assessment and actions Date of last assessment:	Y March 2018
Additional comments:	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail: The infection control audit had identified an issue with the electricity supply to vaccine fridges, specifically with the plugs behind the fridges. However, when we asked the practice about this, we were told there had been no interruption of the cold chain recorded and the plugs were not accessible for general use.</p>	<p>Y</p> <p>June 2018</p>
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers:	

Any additional evidence

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.	Y
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:	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with	Y

current guidance and relevant legislation.	
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
Explanation of any answers:	

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)	0.92	0.98	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%	8.0%	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	Y

verifying the patient in line with General Medical Council guidance.	
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 transported in line with PHE guidance to ensure they remained safe and effective in use.	Y
Explanation of any answers:	

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.	9
Number of events that required action	9

Example of significant events recorded and actions by the practice;

Event	Specific action taken
The practice reported a missing prescription.	The practice demonstrated that they identified the learning points from this significant event. They changed the policy concerning coding prescriptions as “collected” and shared this with staff through team meetings. The practice ensured that all staff read and signed the amended policy.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: The practice had a system to receive and distribute safety alerts. The practice demonstrated a rota of GP’s that had responsibility each month for ensuring that all safety alerts were actioned appropriately and that these actions were then shared with the clinical team through clinical meetings. These roles were clearly laid out. The following month the next responsible GP would check to ensure that all actions from the previous month had been completed and these were then discussed at team meetings.	

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)	0.37	0.93	0.90	Variation (positive)

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)	75.2%	77.4%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (28)	11.4%	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)	77.9%	78.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.7% (32)	8.4%	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)	83.9%	78.3%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	8.6%	(48)	9.2%	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)	86.7%		78.3%	76.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	0.5%	(2)	4.0%	7.7%	
Indicator	Practice		CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.5%		93.8%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	3.1%	(3)	7.2%	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)	84.2%		84.4%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	2.6%	(22)	3.8%	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)	82.2%		88.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	

	13.5%	(7)	11.9%	8.2%	
Any additional evidence or comments;					

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)	81	90	90.0%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	99	111	89.2%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	99	111	89.2%	Below 90% Minimum (variation negative)
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)	99	111	89.2%	Below 90% Minimum (variation negative)

Any additional evidence or comments;

*The practice demonstrated that they had sent letters to the parents of children who did not attend their immunisation appointments. The practice also demonstrated that they discussed these patients in clinical meetings and with health visitors when necessary. The practice clinical staff we spoke with also confirmed that alerts were placed on the clinical system so that the importance of immunisations could be discussed with the parents or guardians of children in order to offer immunisations opportunistically.

The practice showed us that they had taken part in a Public Health England (PHE) immunisation quality improvement pilot scheme, which included training for staff, whose role it was to perform childhood immunisations. Data provided by the practice showed that waiting lists for childhood immunisations had reduced by half, when they had reviewed and improved their input of data onto the national computer system.

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	65.2%	65.6%	72.1%	Comparable to

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)				other practices
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	59.0%	63.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	39.5%	39.9%	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)	55.6%	81.8%	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) (PHE)	61.1%	54.6%	51.6%	Comparable to other practices
Any additional evidence or comments;				
*The practice had recently employed a member of administration staff specifically for the recall of patients for cervical screening as a method of addressing the low cervical screening uptake and to improve patient outcomes overall.				

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)	91.0%	92.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.7% (12)	7.3%	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)	92.3%	92.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (8)	5.1%	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)	93.5%	87.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (1)	4.4%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545	541	539
Overall QOF exception reporting	5.5%	5.9%	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)	95.4%	96.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (6)	0.5%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice clinical partners (part of the practice management team) that we spoke with explained that they ensured that consent was sought when necessary in line with legislation. For example, in the case of assessing mental capacity and when referring patients to services outside the practice such as social prescribing organisations. Patient records we viewed confirmed this.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	42
Number of CQC comments received which were positive about the service	30
Number of comments cards received which were mixed about the service	12
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards	There were 18 comment cards out of 42 that mentioned kindness, respect and compassion. Out of these, 14 were positive about how the practice and the staff treated them with kindness, respect and compassion and four were less positive.
NHS Choices	There were five reviews on the NHS choices website in the last 12 months. Two of these were positive reflecting that patients felt treated with kindness, respect and compassion.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,265	387	90	23.26%	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)	68.1%	74.4%	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	81.9%	87.4%	88.8%	Comparable to other practices

listening to them (01/01/2017 to 31/03/2017)				
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)	96.9%	94.8%	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)	84.6%	84.1%	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)	89.5%	88.3%	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)	92.1%	87.0%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
Patient feedback	The practice provided evidence of positive feedback from the family and friends tests. The practice also had a comments box and a patient participation group (PPG).

Any additional evidence
Following the inspection, the practice showed us that they had carried out their own survey and that patient satisfaction scores were beginning to improve. The practice told us that they would now do this annually. They also demonstrated that they had commissioned a private survey of their patients to be conducted in September 2018.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and CQC comment cards.	Feedback from patients we spoke with was positive regarding how much they felt involved in their care and treatment. There had been 42 comment cards received on the day of the inspection, three mentioned involvement in decisions about care and treatment and were positive with regards to satisfaction.

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)	81.2%	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)	85.9%	80.3%	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)	86.8%	87.1%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	78.8%	83.2%	85.4%	Comparable to other practices
Any additional evidence or comments				

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	The practice was able to demonstrate that they had 81 patients on their carers register. This represented 1% of the practice population.

identified	
How the practice supports carers	The practice identified carers on an ongoing basis and provided signposting to social prescribing organisations, health checks and flu vaccinations. They also provided information useful for carers on support available.
How the practice supports recently bereaved patients	The practice sent letters of condolence to the bereaved families and signposted them to support organisations. They also offered a meeting with a doctor to discuss any further support the practice could provide. The practice were also able to refer to counsellors based within the health centre.

Any additional evidence

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	The reception desk was set away from waiting patients and staff we spoke with were aware of the need for confidentiality. They explained that if necessary they could offer a patient a quiet room to discuss personal information.

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
CQC comment cards	There had been 42 comment cards received on the day of the inspection, three mentioned privacy and dignity and all were positive regarding how patients felt they had been treated.
NHS Choices	There had been five reviews on the NHS choices website in the last 12 months, one was negative regarding privacy and confidentiality.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08.30 -18.30
Tuesday	08.30 -18.30
Wednesday	08.30 -18.30 (Closed between 13:00 and 15:00 for staff training and meetings)
Thursday	08.30 -18.30 (telephone lines closed from 13.00)
Friday	08.30 -18.30

Appointments available		
	Monday	08.30 -12.00 & 3.30 -6.30
	Tuesday	10.00 -12.00 & 3.30 – 6.30
	Wednesday	08.30 – 12.00 & 3.30 -6.30
	Thursday	08.30 – 12.00 & 3.30 – 6.30
	Friday	08.30 – 12.00 & 3.00 – 6.30
	Weekends	Closed
Extended hours opening		
	Evenings appointments were available up to 8pm on weekday evenings and at weekends up to 1pm at local hub centres through the federation.	

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	
Home visits requests were received through reception and placed on home visit request slots for the responsible GP for the day, who was alerted through the clinical system. The patients were called by the GP who triaged the urgency of the home visit and attended if necessary.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,265	387	90	23.26%	1%

Indicator	Practice	CCG	England	England
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		average	average	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)	72.6%	77.3%	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)	49.1%	67.5%	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)	65.3%	69.5%	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)	60.2%	68.5%	72.7%	Comparable to other practices
Any additional evidence or comments *The practice was aware that the survey results above, which were lower than local and national averages. They had produced a leaflet entitled "Why have I had to wait" to explain possible reasons for delays, including emergencies and vulnerable patients. *The practice had added an extra hour to three doctor's appointment schedules each morning for telephone consultations, in order to free up face to face appointments and ease waiting times within the practice. However, the practice had not sought additional feedback from patients to ensure actions taken had resulted in improved satisfaction. * Since the inspection, the national GP patient survey had published new data, which indicates that patient satisfaction has improved in areas relating to access, however patient satisfaction with telephone access to the practice remains lower than local and national averages.				

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	There had been five reviews on the NHS choices website in the last 12 months, three were negative regarding timely access to services.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	20
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4

Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice told us that all complaint response letters sent to patients contained the practice's complaints leaflet, which detailed the Parliamentary and Health Service Ombudsman (PHSO) contact details and an explanation of their role in escalating patient complaints.	

Example of how quality has improved in response to complaints
<p>The practice had installed a new telephone system in response to low GP patient survey results relating to access and waiting times. Following a number of patient complaints and negative comments on NHS choices website about this new system the practice made changes to it to ensure improvements. This included a dedicated prescription ordering service known as POD or prescription ordering department. Patients calling to order repeat prescriptions are redirected to this system to free reception staff for patients calling for appointments. Since installing the system there had been a number of complaints about this service and the practice had made changes as a result. For example, they had changed the volume of the audio introduction and the length of the introduction so that patients could hear and get all the information needed before making a choice about which service they required. The practice were unable to demonstrate on the day of the inspection that complaints had reduced or that patient satisfaction had improved, they told us that they were confident that these changes would address patient concern.</p>

Any additional evidence
<p>*The practice had responded to the needs of their patient population including older people, those who were vulnerable due to their circumstances and people experiencing poor mental health including dementia by purchasing health monitoring equipment for a residential home that the practice had patients registered from. This equipment included a blood pressure machine, urine testing kits, a blood glucose monitor and an oxygen saturation machine.</p> <p>The practice demonstrated that they trained new and existing care home staff and this had a positive impact on the patients. For example, home visits had reduced from 63 in 2015 to 39 in 2017. Emergency admissions had reduced from 20 in 2015 to 16 in 2017 and Accident and Emergency (A&E) attendance had reduced from 28 in 2015 to 24 in 2017.</p> <p>The introduction of this equipment meant a more detailed conversation with the practice could take place when considering appropriate care and treatment.</p> <p>The practice also ensured that the HCA and nurse visited the home to calibrate the equipment regularly.</p> <p>* The practice developed a dedicated telephone line for patients who are vulnerable or living in care homes, and for their carers, to allow rapid access to the surgery and the attention of a GP.</p>

Well-led

Leadership capacity and capability

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

The practice ensured that persons responsible for the governance areas that were set out by a roles and responsibilities diagram produced by the practice. Systems and processes were established and were effective, as were policies. Learning was shared and available to staff, although clinical and non-clinical staff teams did not communicate directly in terms of meetings.

Vision and strategy

Practice Vision and values

The practice management we spoke with were able to articulate a vision and value set, but had not shared this with all staff.

Culture

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

The practice had a strong emphasis on safety of practice staff after a number of significant events involving staff safety. The practice had three separate modes of alerting staff if assistance was required, a silent alarm through the clinical system, a panic button, which resulted in an audible alarm and a safety word or phrase in the case where the previous two methods were unable to be accessed.

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

Source	Feedback
Staff	The staff we spoke with were positive in their feedback regarding working at the practice and relationships between staff and teams.

Any additional evidence

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 policies in place to support good governance and these were available to all staff on the shared drive. Staff we spoke with confirmed that they knew where to access these policies.
Other examples	The practice had produced a roles and responsibility diagram showing all staff that had responsibilities and what these were. Staff we spoke with were clear on roles and responsibilities.

	Y/N
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence

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
Infection control	The practice had conducted an infection control audit and had acted on the actions that had been identified as a result.
Fire	The practice had conducted a fire risk assessment and had acted on the actions that had been identified as a result

Any additional evidence

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The patient participation group's (PPG) feedback was generally positive about the practice and the care and treatment received, they told us that they had struggled to recruit members but the practice was supporting them with ideas of how to address this.

Any additional evidence

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
Oral Nutritional Supplement (ONS)	The practice performed ONS audit cycles to ensure that patients are not being prescribed nutritional supplements inappropriately and prescribed the correct types. The practice interacted with dieticians, trained care home staff on ONS and updated their own policy as a result. Data provided by the practice showed that this had had a positive impact on patients receiving this treatment.

Any additional evidence

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](#)).