

Care Quality Commission

Inspection Evidence Table

Dowsett Road Surgery (1-4327653192)

Inspection date: 18 July 2018

Date of data download: 3 July 2018

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

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) 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

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

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 05.10.17
There was a record of equipment calibration Date of last calibration:	Yes 04.04.18
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 04.05.17
Actions were identified and completed.	Yes
Additional observations: The practice carried out regular fire safety checks. These included monthly fire alarm checks, six monthly fire drills and internal fire risk audits. We reviewed the fire safety records and found all to be up to date with no outstanding actions.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes October 17
Health and safety risk assessment and actions Date of last assessment:	Yes October 17
Additional comments: At the health and safety assessment carried out in October 2017 identified issues regarding a loose handrail on the main staircase. This was rectified through securing the handrail and cautionary signage put on display.	

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:</p> <p>The audit identified the need for dusting the higher areas of the clinical rooms, a need to change curtains in clinical rooms, cracking on the floor of the main staircase and a need for new chairs in the clinical rooms and a need to change some of the sinks in the clinical rooms.</p> <p>The practice acted on these issues to ensure they came up to the required standard except for the changing of the sinks due to the proposed relocation of the premises in the near future.</p>	<p>Yes</p> <p>18 and 29 June 18</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
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>The practice had a strict staff absence policy which restricted annual leave during the main summer holiday period. Annual leave absence is managed through the staff rota system to ensure there is enough cover. The practice carry out reviews of appointments from the previous year to forecast when the demand could be to ensure enough staff are available.</p> <p>The practice had a policy of upskilling staff in order to provide cover for more than their employed job roles. For example, some receptionists had received healthcare assistant training.</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
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

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)	0.56	No data	0.98	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.8%	No data	8.9%	Comparison not available

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
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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	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	2
Number of events that required action	2

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

Event	Specific action taken
An incident occurred where care plans and blood tests were sent out to the wrong patients. Some patients brought back the wrong documents. The incident was reported to the Information Governance lead as it was a breach of patient confidentiality.	Refresher confidentiality training was given to all existing members of staff. The induction training schedule was reviewed to ensure in depth confidentiality training was in place. A system was put in place to monitor and observe new members of staff when carrying out simple tasks to ensure letters are sent out to the correct patient. The incident was discussed in the practice meeting when further training was given.
Irate patient shouting at receptionists in front of a full waiting room, demanding an appointment but was not registered.	The police and NHS England were informed once the patient had left. The practice reviewed its policies and posted a zero-tolerance notice in the waiting room.

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: Alerts from organisations such as the National Institute for Clinical Excellence (NICE) and the Medicines and Health products Regulatory Authority (MHRA) are received by the practice manager and operations manager. Alerts that were relevant to the practice were then sent to clinical staff to be actioned. All alerts were discussed in clinical meetings and a log was held for future reference.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.08	No data	0.90	Comparison not available

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)	81.3%	76.9%	79.5%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	17.8%	15.0%	12.3%	
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)	77.6%	77.0%	78.1%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	7.7%	11.1%	9.2%	
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)	78.1%	75.2%	80.1%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	7.7%	12.0%	13.2%	

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)	79.7%	76.9%	76.4%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	1.5%	3.4%	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)	97.4%	91.5%	90.4%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	5.0%	9.7%	11.3%	
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)	87.0%	80.4%	83.3%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	4.5%	5.8%	5.0%	
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)	81.3%	81.3%	88.5%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	5.9%	10.7%	8.2%	

Families, children and young people

Indicator	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)	94.9%	Practice is above the WHO target of 80%
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)	100.0%	Practice is above the WHO target of 80%
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	100.0%	Practice is above the WHO target of 80%
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)	66.7%	Practice is below the WHO target of 80%

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)	70.5%	67.2%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.1%	62.3%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	47.3%	48.1%	57.4%	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)	50.0%	76.0%	70.3%	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)	35.7%	42.2%	51.0%	Comparison not available
Any additional evidence or comments				
The practice was aware of the lower than average results for cancer patient review and two week wait referrals and cervical screening. There is a lead for QOF in each of the Lawrence House Group sites				

and an overall lead based at the organisations head office. There is a monthly review meeting where all the leads meet and go through each other's progress in order to help raise their QOF scores. The lower scores have been discussed in the meeting and an action plan established which included offering appointments at different times of the week and at another Lawrence House Group site if convenient.

The practice was also aware of the lower than average result for childhood immunisations over the age of two (first dose MMR). They stated that they find it hard to get patients into the practice for this due to the culture of many of the patients that they serve. The practice were actively recalling patients and contacting by telephone to encourage them to attend.

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)	91.7%	91.1%	90.3%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0.0%	7.1%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	91.5%	90.5%	90.7%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	1.7%	6.0%	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)	100.0%	84.9%	83.7%	Comparison not available
QoF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	7.1%	6.0%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	556	535	534
Overall QoF exception reporting	6.0%	No data	5.8%

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)	Y

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)	95.1%	95.3%	95.3%	Comparison not available
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0.8%	0.9%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent is sought and monitored through the patient notes. The practice does not carry out minor surgery but refers patients to one of the other Lawrence House Group sites where consent is sought. Consent forms are then scanned and placed on the patient record so that they are available to clinicians at Dowsett Road.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	15
Number of CQC comments received which were positive about the service	14
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC comments cards.	Patients stated that they received an excellent service and were always treated with kindness and respect by all members of staff. Some stated that they have never received the high level of patient centred care before in other practices.
NHS Choices	Excellent surgery. The practice could diagnose cancer quickly and able to book the patient into the hospital of their choice for further tests. The staff have all been friendly, courteous and knowledgeable.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,152	344	106	30.8%	2.6%

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)	71%	72%	77%	Comparison 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)	86%	85%	89%	Comparison 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)	93%	94%	95%	Comparison 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)	81%	81%	86%	Comparison 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)	87%	85%	91%	Comparison 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)	82%	83%	91%	Comparison not available

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

Date of exercise	Summary of results
2017	<p>The practice produced an action plan in response to the National GP Patient Survey to find ways to improve service. For example, in response to:</p> <ul style="list-style-type: none"> 80% of respondents say the last nurse they saw or spoke to was good at giving them enough time (CCG average of 86% and national average of 92%). <p>The practice discussed the need for continuity of care and a more consistent service and started a system of offering telephone appointments with the nurse that are followed up by face to face meetings to allow for more time to discuss. The practice also provides a series of basic health leaflets that can be given to patients which help explain conditions and answer any questions that they may have.</p>
May 2018	The NHS Friends and Family Test (FFT) showed over 90% positive feedback about service.
Ongoing	The practice Patient Participation Group (PPG) undertake a series of spot checks on areas such as telephone response times, waiting times in the surgery and the customer service of front of house staff. This is then reported back to the practice management who produce an action plan for any concerns raised.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with on the day and those who completed CQC comment cards stated that they were fully involved in the decisions about their care and were consulted on all the steps taken. They did not feel pressured into going along a particular treatment path outlined by the GP or nurse.

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)	77%	83%	86%	Comparison 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)	74%	77%	82%	Comparison 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)	81%	83%	90%	Comparison 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)	80%	79%	85%	Comparison not available
Any additional evidence or comments				
The practice was aware of some low results in the patient survey and in response produced an action plan to raise the quality of service.				

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 had 67 carers on their register which is equal to 1.4% of the practice list.
How the practice supports carers	<p>The practice identifies carers through the registration process and opportunistically during GP consultations. Once identified, an alert is put on the practice system. A yearly health check and flu vaccination is offered to carers along with appointments at a convenient time that fits around their caring commitments.</p> <p>Leaflets signposting patients to carers support groups are available on the carers notice board along with information regarding social prescribing.</p> <p>The practice was working with the local Health watch on ways to promote this area and to increase the register.</p>
How the practice supports recently bereaved patients	Double appointments are made available for the bereaved patients along with referrals to appropriate counselling services. A note is also placed on a patient's record so that staff are aware.

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	The seating area was situated in a separate area of the waiting room from the reception desk to ensure confidentiality for patients. A separate room was made available for patients who wished to talk in confidence.

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

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 – 1pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm

Central telephone system open	8.00am – 6.30pm
Appointments available	9am – 1pm and 3pm – 6pm (Monday, Tuesday, Thursday and Friday) 9am – 1pm (Wednesday)
Out of hours	Patients are directed to the 111 service or the local GP Federation HUB where appointments were available: Monday – Friday between 6.30pm – 8.30pm Weekends – 8am – 8pm

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
When patients call the practice, and request a home visit, details are taken by the reception team and passed to the GP responsible for home visits that day. The GP would then call the patient back and decide whether the home visit was necessary or if another option was available.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,152	344	106	30.8%	2.6%

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)	85%	76%	76%	Comparison 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)	75%	69%	71%	Comparison 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)	85%	81%	84%	Comparison 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)	78%	69%	73%	Comparison not available

Examples of feedback received from patients:

Source	Feedback
Interviews with patients.	Patients we spoke with on the day of inspection made positive comments about getting appointments, however some commented that they can wait on the telephone for some time before getting through.
NHS Choices	Practice was not very accommodating with nurse appointments. Was offered an appointment at 8.45am but needed to be at work by 9am. No alternative given by reception staff.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	5
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>Complaints were dealt with in a timely way, as per the practice complaints policy. The policy takes account of both written and verbal complaints. If a verbal complaint is received, the practice would invite the patient to come into the practice to speak with a member of clinical staff and this is then recorded in the patient record. All complaints were discussed in team meetings and collated for review at the end of year complaints review.</p>	

Example of how quality has improved in response to complaints

A complaint was received in regard to the manner of reception staff. The matter was addressed and all reception staff were sent on customer service training. This area is now monitored by members of the PPG who report back to practice management. Positive comments have been received from patients in regard to this since the training was undertaken.

Well-led

Leadership capacity and capability

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

The leadership was aware of everything that was happening within the practice and knew the capabilities of the workforce and was able to advance employee skills through training to enhance their roles.

Partners were visible and staff said that they were always approachable and open to suggestions on how to improve the service.

Any additional evidence

The practice was part of a larger set of group practices. There was a central leadership structure which enabled many of the decisions to be made at a local level. Administrative management was shared over a number of practices which freed clinicians to see patients.

Vision and strategy

Practice Vision and values

The staff were aware of the vision and values of the practice which was to provide quality care through staff training, innovative ideas and forward thinking.

Staff were aware of the idea of leaving a legacy for the future and had a strategy to ensure that good systems were in place so that there was a good basis to improve upon.

Culture

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

Staff stated that there was an open and friendly culture. All staff had received the training necessary to complete their job role and further training was offered as necessary. We saw evidence that there was a good relationship between the management and staff.

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

Source	Feedback
Interviews with staff	<p>Staff said that they loved working at the practice, everyone is caring and the team do whatever is necessary to ensure both patients and staff needs are met. There is a very supportive management team.</p> <p>Staff stated that they could talk to management about any issues in confidence and are provided with support.</p>

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	There was an overarching governance policy within the practice. The practice also had other policies to ensure the good governance of the practice which included safeguarding, infection prevention and control and information governance.
Other examples	<p>Regular governance meetings were held by the partners and management staff at the practice and at an organisational level. There was a governance structure that all staff were aware of. Staff knew who to contact if they had any concerns.</p> <p>The practice held regular staff meetings to discuss current issues including significant events and complaints.</p> <p>Significant events and complaints were assessed and acted upon. An annual review was held at an organisational level to find areas for improvement in practice. This is then discussed at the practice and any changes are implemented.</p>
	Y/N
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 planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health and Safety	Health and safety reporting forms have been developed and a practice risk officer appointed to liaise with external agencies in order to eliminate any identified risk.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
<p>The practice had an active Patient Participation Group (PPG). The members of the group were also members of an organisation wide PPG made up of PPG members from all of the organisations locations. This group met every six weeks to discuss issues within the practice and also to share learning with other practices.</p> <p>The PPG was proactive in helping the practice to improve. For example, members of the group would sit in the practice waiting area to observe to ensure patients are being treated appropriately, they check practice leaflets and notice boards to ensure that patients are receiving the correct information and were an integral part in care navigating as members sit in the practice to help patients who do not know what to do in regard to social prescribing.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Review of patients on Acetylcholinesterase medication (used in the treatment of Alzheimer's disease)	<p>The practice reviewed patients that were on Acetylcholinesterase medication which is used in the treatment of Alzheimer's disease as it increases the concentration of acetylcholine at sites of neurotransmission. NICE guidance stated that patients on this medication should be reviewed every six months.</p> <p>The practice searched their records in October 2017 and found four patients on the medication. Two had received a review. The practice reviewed the remaining two and set up an alert on patient notes to ensure that reviews were carried out every six months.</p> <p>The practice repeated the audit in April 2018 and found that all three patients then currently being prescribed the medicine had received a review.</p>
Audit on monitoring of patients who were taking Spironolactone plus an ACE inhibitor or an Angiotensin Receptor Blocker	This audit took place following an MHRA safety update in 2017. The update said that those patients should have regular Urea and Electrolyte tests (UEC monitoring) due to possible severe hyperkalaemia (the medical term that describes a potassium level in your blood that's higher than normal).

The practice searched their records in October 2017 and found 12 patients that fell into the category. Of this, three had not had UEC monitoring in the previous six months.

It was agreed that the practice would contact all patients on a regular basis and invite them for the test. If they were unable to come to the surgery for an appointment they could either be sent a blood test form in the post or collect a blood test form from the practice.

The practice repeated the audit in April 2018 once the changes had been implemented and found that of the 12 patients that fitted into the category, all had received the UEC test.

Any additional evidence

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

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