

Care Quality Commission

Inspection Evidence Table

Dr Langton & Partners (1-556104563)

Inspection date: 16 August 2018

Date of data download: 01 August 2018

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

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
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 manager had checked evidence of qualifications and training when recruiting staff, but did not retain copies of the evidence on site. This meant that the practice did not hold all the documentary evidence as per Regulation 15 : Fit and proper persons employed, Schedule 3 .	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 11/1/18	Y
There was a record of equipment calibration Date of last calibration:20/12/17 including refrigerators	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	Y
Fire alarm checks	Y
Fire training for staff	Y
Fire marshals	Y
Fire risk assessment Date of completion 25/4/18	Y
Actions were identified and completed. There were actions not yet completed but this was within the remedial plan timescale.	Y
Additional observations: Staff completed mandatory fire training online.	Y
Health and safety Premises/security risk assessment? Date of last assessment: 17/1/18	Y
Health and safety risk assessment and actions Date of last assessment: 17/1/18	Y
Additional comments: There was an emergency alarm in the consulting rooms with CCTV in the reception area and GP corridor, and external garden area.	

Infection control	Y
Risk assessment and policy in place Date of last infection control audit: 24/7/18 The practice acted on any issues identified Detail: The practice manager was the lead for infection control and had suitable	

experience and training.	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y
Explanation of any answers: There was an external secure storage of clinical waste. There was a contract cleaner who undertook regular cleaning audits.	

Any additional evidence
Legionella assessment June 2017 with control measures in place. Gas boiler safety check April 2018 Liability insurance 23/6/19.

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

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 did not have a documented approach to the management of test results however evidence we saw indicated results were managed in a timely manner.	N
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
Additional evidence: The practice is part of the Connecting Care is a digital care record system for sharing information in Bristol, North Somerset and South Gloucestershire. It allowed instant, secure access to patient health and social care records for whichever health care professionals the patient saw	

within the locality so that informed care decisions could be made.

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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.87	0.86	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA)	13.8%	10.1%	8.8%	Comparable with 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.	N
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	N
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
<p>Explanation of any answers:</p> <p>The practice had recently appointed a clinical pharmacist who would maintain oversight of medicine prescribing including high risk medicines and any alerts.</p> <p>There was a process in place for managing high risk medicines however it was reliant on clinicians'</p>	

knowledge of patients and was not a formalised process.

The practice was located near to a major emergency department and so did not hold all the suggested emergency medicines, however there was no evidence in place to indicate the risk to patient of this approach had been assessed.

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

Event	Specific action taken
A GP was unaware of where Resuscitation Trolley key was as there was no nurse on duty at time and the GP had to ask various practice personnel before locating the key. This was not an emergency situation, just an enquiry, but a near miss.	New policy implemented, as part of the reception team open and close down procedure of the practice premises. This included unlocking the emergency trolley in the mornings so it was available should it be needed.
Aggressive patient displaying threatening vociferous behaviour to GP in reception area and in front of patients	Discussed at length at internal meeting and a decision was taken to refer to Violent patient scheme. The practice updated their Zero tolerance policy adding the policy to their website and displaying in reception for patients and visitors to be aware. The emergency alert system was also reviewed with the staff team.
Historic issue where the GP wrote incorrect expiry date on Nexplanon card (a card given to patients following the fitting of a contraceptive device).	Practice Policy changed to issue information leaflet and expiry card at all fit appointments.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	N
Staff understand how to deal with alerts	Y
Comments on systems in place: The practice could verbalise their response to alerts and link this to individual patients, they did not record the action taken.	

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) (01/04/2017 to 31/03/2018) (NHSBSA)	0.59	0.79	0.84	Comparable with 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)	89.2%	80.8%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.8% (31)	19.3%	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)	86.3%	79.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (13)	13.3%	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)	89.6%	82.7%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	10.2%	(23)	16.3%	13.3%	
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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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	84.7%	75.7%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.3% (8)	11.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.7%	91.1%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	14.4%	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 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	89.3%	83.1%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (16)	5.8%	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)	95.7%	88.4%	88.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	4.1%	(3)	8.2%	8.2%	

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	55	60	91.7%	Met 90% minimum (no variation)
The percentage of 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)	44	48	91.7%	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)	45	48	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	45	48	93.8%	Met 90% minimum (no variation)
Any additional evidence or comments: The practice was below the World Health Organisation target of 95% but had limited access to nursing appointments for immunisation as the practice nurse was only employed on a part time basis.				

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 at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64)	67.7%	73.9%	72.1%	Comparable with other practices

(01/04/2016 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.7%	71.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	54.8%	56.7%	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)	80.8%	72.0%	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)	79.2%	56.7%	51.6%	Comparable with other practices
Any additional evidence or comments; The practice performance for cervical cancer screening had decreased since the last inspection (data 2013/14 was 82%) and exception rates at 10.8% (data 2016/17) for screening were higher than local (6.2%) and national averages (6.7%).				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.6%	93.0%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.9% (4)	19.8%	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)	95.2%	91.0%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (3)	17.3%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with	100.0%	82.7%	83.7%	Significant

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)				Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (1)	5.7%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545	546	539
Overall QOF exception reporting (all domains)	5.5%	7.0%	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)	Y

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97.4%	94.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.4% (5)	1.1%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice obtained consent to care and treatment in line with legislation and guidance. We reviewed the use of consent for minor surgery and found recording was appropriate.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	17
Number of CQC comments received which were positive about the service	17
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	Patient feedback was positive in respect of the care and treatment received from clinicians; availability of appointments and the welcoming and relaxing atmosphere at the practice.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,478	297	102	34.34%	1.8%

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)	91.3%	79.6%	78.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	88.3%	89.4%	88.8%	Comparable with 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)	97.9%	96.2%	95.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	86.9%	86.2%	85.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or	96.0%	92.4%	91.4%	Comparable with other practices

spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)				
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)	93.7%	91.7%	90.7%	Comparable with other practices
Any additional evidence or comments: The NHS patients survey results reflect the responses on the comment cards.				

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

Date of exercise	Summary of results
Quarterly	There was a quarterly report of the patient satisfaction survey; we saw that when people had commented action had been taken such as installation of a water cooler.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Friends and family test	The feedback for three months, February, March and April 2018, indicated that of 18 respondents 17 (94%) would recommend the practice and one respondent opted for the 'neither' response.

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)	87.6%	86.8%	86.4%	Comparable with 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)	87.3%	82.6%	82.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or	91.8%	90.4%	89.9%	Comparable with other

spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)				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)	93.4%	85.0%	85.4%	Comparable with 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.	Not on display but available if requested.
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had identified 212 carers which was 3.8% of the practice population.
How the practice supports carers	<p>The practice had a community resource lead who provided all new carers with an information pack and who was able to signpost people to supportive resources in the community.</p> <p>The practice hosted social/educational events to support carers; for example, they offered musical entertainment and refreshments and a speaker such as the local director for dementia care.</p> <p>Carers are offered seasonal vaccinations and priority appointments.</p> <p>They hosted a carers support GP liaison volunteer once a month who offers 1:1 sessions with carers to advise about services and benefits.</p>
How the practice supports recently bereaved patients	<p>Bereaved patients were contacted by the practice to offer support.</p> <p>Information was also available on the website.</p>

Any additional evidence

The practice can nominate those in need for a Christmas foodbank hamper; they also participated in charity fundraising for homeless people.

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>Patients had the opportunity to ask to speak to a member of reception in a private area.</p> <p>Staff were trained on confidentiality on induction to the service.</p> <p>During our visit we saw no concerns around confidentiality at the reception desk.</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
Google	Rated as 4.2 stars by nine respondents who commented positively about the practice.
Facebook	The practice routinely posted information and videos on this site and monitored the results (hits). For example, a recent post was 'Why does the doctor run late?' which had 310 views.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	7:30am - 6:30pm
Tuesday	7:30am - 6:30pm
Wednesday	7:30am - 7:30pm
Thursday	8.00am - 6:30pm
Friday	8:30am - 6:30pm

Appointments available	
Routine appointments can be booked by telephone or online.	Same day appointments are available to be booked from 8.30am each day
Extended hours opening – as above and	
Improving access project	Patients have access to pre-bookable Saturday morning appointments every week, rotating on a four weekly cluster practice basis.

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 had a dedicated home visit screen on their patient computer system and the Duty Doctor allocated visits to GPs.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,478	297	102	34.34%	1.8%

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 practice opening hours (01/01/2017 to 31/03/2017)	87.4%	81.0%	80.0%	Comparable with 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)	85.2%	68.4%	70.9%	Comparable with 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)	82.1%	78.6%	75.5%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall	89.9%	71.6%	72.7%	Comparable with other practices

experience of making an appointment (01/01/2017 to 31/03/2017)				
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Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice had been rated as four stars with one patient commenting on the good quality and accessibility of the clinicians.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	3
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
One complaint had been withdrawn but the records had not been completed.	

Example of how quality has improved in response to complaints
There was a minimal number of complaints to review however one related to dissatisfaction during a consultation which was used as a reflective exercise by the clinician involved.

Any additional evidence
We spoke to staff about the complaint procedure and were satisfied that there was an understanding about recording and responding to complaints; staff explained that they often spoke to patients and diffuse the situation.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
The practice had re-structured since the previous inspection and had recruited a practice manager and operations manager to provide leadership and management capacity for the service. To improve sustainability and resilience the practice was working more closely with local GP practices within their GP cluster (a Cluster is a group of GPs working with other health and care professionals to plan and

provide services locally).

Any additional evidence
Currently there was full capacity within the GP team, with all the team being involved in the day to day management meetings about the practice.

Vision and strategy

Practice Vision and values
The statement of purpose for the practice lists the following: We aim to provide high quality care to our patients and to ensure our patients are confident and satisfied with the standard of clinical care they receive at our surgery.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
The practice had achieved positive feedback from patients in all forms of the patient survey. The quality and outcomes framework results were in line with local and national targets.

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

Source	Feedback
Staff	Commented about the positive culture in the practice following the changes in the management team.
Staff	Commented positively about the accessibility of the practice manager.
CCG pharmacist	The feedback from the pharmacist commented positively about the culture of the practice and the co-operation from them to achieve medicines optimisation.

Any additional evidence
The practice held regular social events and had a weekly email update.

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 developed policies to support and monitor the day to day safe running of the service and in response to incidents which may impact on the service. For example, a lone worker policy which included home visit safety guidance.
Other examples	Emergency Trolley procedures which ensured the equipment was accessible during opening hours to clinicians.
Staff were able to describe the governance arrangements	Y
Staff were clear on their roles and responsibilities	Y

Any additional evidence
Some of the governance processes were not fully documented (see report) although the work was undertaken.

Managing risks, issues and performance

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

Examples of action taken to address risks identified within the practice

Risk	Example of risk management activities
Accessibility of building for patients	Patient accessibility audit 8/1/18 identified staff training for disability discrimination act.
Limited nurse availability	Employed a regular locum nurse for long term conditions. Offered additional training to nurse and HCA in post to upskill them. Planned to review staffing establishment to provide a permanent solution to nursing hours.

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 participation group had been relaunched because the membership had decreased. The inaugural meeting of the group had been held on 15 August 2018 and patients who attended were keen to be involved in the development of the service.

Continuous improvement and innovation

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

Audit area	Improvement
Antibiotic prescribing audit	Improvement shown in the Trimethoprim: Nitrofurantoin prescribing ratio was in line with local prescribing.
Improving dyslipidaemia (management of lipids in diabetic patients) audit	Improved management of lipids in diabetic patients and the use of guidance for prescribing of statins.

Any additional evidence

Involvement in the development of closer working for integrated care with other practices the practice manager had initiated an internet based 'Nurse Base Camp' which provided a resource base, support and communication network for all nurses within the cluster.

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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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 weightings 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](#)).