

Care Quality Commission

Inspection Evidence Table

Acorn Medical Practice (1-3859341181)

Inspection date: 13 June 2018

Date of data download: 14 May 2018

Safe

Safety systems and processes

Source	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Safeguarding lead trained to Level 3	
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: December 2015	Yes
There was a record of equipment calibration Date of last calibration: September 2017	Yes
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: Services annually, latest check 6 June 2018	Yes
Fire drills and logs: Last drill 10 January 2018	Yes
Fire alarm checks	Yes
Fire training for staff: 25 April 2018	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: 23 June 2017	Yes
Actions were identified and completed.	Yes
Additional observations: Review due 23 June 2018	

Health and safety Premises/security risk assessment? Date of last assessment: 2 February 2018	Yes
Health and safety risk assessment and actions Date of last assessment: 2 February 2018	Yes
Additional comments: Emergency lighting checked 6 June 2018, fire doors and escape routes checked weekly, equipment check completed 27 September 2017.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 6/6/18 The provider acted on any issues identified: Yes Detail: Clutter on sink, incorrectly assembled sharps' bins, out of date blood bottles, needles, inappropriate items in sharps bin, stock in fridge touching walls of fridge. Re-audit planned for September 2018.	Yes*
The arrangements for managing waste and clinical specimens kept people safe?	Yes*
<ul style="list-style-type: none"> Explanation of any 'No' answers: Clinical waste bags were labelled and sharps waste was segregated appropriately but the room in which they were stored was not locked during the day. 	

Any additional evidence

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers:	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any 'No' answers:	

Safe and appropriate 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).(01/04/2018 to 30/06/2018) _(NHSBSA)	0.32	0.30	0.28	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/04/2018 to 30/06/2018) _(NHSBSA)	3.97%	7.6%	8.1%	Comparison not available

Medicine Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	No
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength). Yes	
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer. Yes	
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. 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 GMC guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes 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
Explanation of any 'No' answers: Blank prescriptions were left in printers and clinical rooms were not locked during the day. Individual prescription numbers were not recorded when distributed.	

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.	6
Number of events that required action	6

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

Event	Specific action taken
Patient became aggressive on being informed by reception staff that he had missed an appointment.	Police were informed and the patient was removed from the practice list immediately. Staff were supported and reassured by the practice's zero tolerance towards aggression.
Practice IT system became unresponsive.	Staff contacted the IT support team who identified a cyber attack. The computer system was shut down until the problem was rectified.
Letters scanned onto wrong patient's notes.	The error was corrected and staff were reminded to take care to check notes were scanned onto the correct patient's records.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: Clinicians received the alerts by email and they were actioned. A hard copy was kept of all relevant alerts.	

Any additional evidence

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)	Information unavailable	0.91	0.90	Comparison not available

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)	79.4%	77.8%	79.5%	Comparison not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.2% (25)	14.0%	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)	78.8%	74.6%	78.1%	Comparison not available
QoF Exceptions	Practice Exception rate (number of	CCG Exception rate	England Exception rate	

	exceptions)			
	10.5% (20)	9.6%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	84.6%	78.5%	80.1%	Comparison not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (21)	12.8%	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)	84.9%	77.4%	76.4%	Comparison not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.9% (16)	8.2%	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)	95.4%	87.7%	90.4%	Comparison not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (9)	12.3%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension	85%	83.9%	83.4%	Comparison

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)				not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (24)	4.1%	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)	96.6%	91.4%	88.5%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (1)	9.1%	8.2%	

For nearly all the above QOF indicators the practice's figures were similar to or better than the CCG average and the national average. The exception reporting figures were also similar to CCG and national averages. None of the practice's QOF figures showed a significant negative variance.

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)	38	39	97.4%	Met 95% WHO based target Significant Variation (positive)
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)	40	42	95.2%	Met 95% WHO based target Significant Variation (positive)
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)	39	42	92.9%	Met 90% Minimum (no variation)

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	40	42	95.2%	Met 95% WHO based target Significant Variation (positive)
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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)	74.5%	77.1%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	59.4%	78.5%	70.3%	Comparison not available
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	49.0%	57.7%	54.5%	Comparison not available
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)	63.6%	61.0%	71.2%	Comparison not available

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)	100%	92.8%	92.3%	Comparison not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0% (0)	18.3%	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)	94.7%	89.4%	93.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.0% (1)	16.4%	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%	85.8%	83.7%	Comparison not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (3)	7.6%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	549	537	539
Overall QOF exception reporting	7.8%	5.5%	5.7%

For nearly all the above QOF indicators the practice's figures were similar to or better than the CCG average and the national average. The exception reporting figures were also similar to CCG and national averages. The practice's figures for Breast cancer screening and Bowel cancer screening were both lower than CCG and national averages.

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes

Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
If no please explain below:	
Any further comments or notable training:	

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 Monthly

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)	Data unavailable	Data unavailable	Data unavailable	Comparison not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7%	(12)	0.7%	0.8%
Indicator	Practice	CCG average	England average	England comparison
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)	Data unavailable	Data unavailable	Data unavailable	Comparison not available

Description of how the practice monitors that consent is sought appropriately

Clinicians had an awareness of the need to establish capacity. There was a good understanding of Gillick competence, Fraser guidelines and the Mental Capacity Act.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	16
Number of CQC comments received which were positive about the service	13
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	Comments included the team were friendly and staff cannot do enough for patients. Patients' felt their needs were met and they were treated with dignity and respect. Sometimes there is a wait for an appointment.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
2,976	353	12%	104	30%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	77%	77%	75%	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) (GPPS)	87%	87%	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) (GPPS)	93%	95%	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) (GPPS)	85%	85%	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) (GPPS)	96%	93%	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) (GPPS)	97%	92%	91%	Comparison not available

For nearly all the above National GP Survey results the practice's figures are similar to or better than the CCG average and the national average.

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

Date of exercise	Summary of results
February 2016	Overall positive feedback from patients about the practice and its staff. Feedback about the nurses was 100% positive. For example, patients felt listened to, they

understood what the nurse had told them about their treatment and they had confidence and trust in the nurse.

Any additional evidence

The practice divided up its Friends and Family Test cards into roles so it was clear who patients were providing feedback about. This information informed further discussions between staff and practice leaders.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	Patients we spoke with told us they were able to get an appointment when they needed one, they had enough time during their consultation and they felt involved in their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	91%	85%	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) (GPPS)	83%	82%	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) (GPPS)	97%	90%	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) (GPPS)	88%	88%	85%	Comparison not available

For nearly all the above National GP Survey results, the practice's figures are similar to or better than the CCG average and the national average.

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 55 carers which was 1.8% of the practice list size.
How the practice supported carers	The practice supported carers by ensuring they had access to appointments when required.
How the practice supported recently bereaved patients	The practice offered bereaved patients an appointment or a home visit to provide support.

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	Glass partition between reception and reception area and a line for patients to stand behind while waiting to speak to receptionist. Use of Practice Manager's office to talk to patients 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
Examples of specific feedback received:	

Source	Feedback
Staff member	Confirmed use of Practice Manager's office and reception screens to ensure confidentiality.
Patient comment cards	Patients said they were treated with dignity and respect by practice staff.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-17:00
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments were available between the times above.	
Extended hours opening:	
6:30-8:00pm weekdays. 8:00am-12:00pm Saturdays. Thursday 7:30am-8:00am	

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All home visit requests were recorded on the appointments system and the GP either automatically visited or rang the patient to assess whether a visit was needed. If a visit request sounded	

potentially urgent the GP was alerted immediately and/or 999/ambulance arranged.

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	81%	79%	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)	94%	63%	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)	81%	82%	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)	84%	71%	73%	Comparison not available

Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	The practice was rated as 5 stars (one patient) and no comments have been left on NHS Choices.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	4
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	1
Additional comments:	
All four complaints showed the practice had responded to the complaints in a timely and respectful way. Complaints records may have benefitted from more detailed record keeping.	

Any additional evidence

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
Practice leaders involved staff with proposed changes and the daily running of the practice.

Vision and strategy

Practice Vision and values
ACORN acronym which was devised by staff together. Always here for your wellbeing. Committed to all our family of patients. Open and honest at all times. Resolute in our aim to do our best. Never too busy to help.

Culture

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

Source	Feedback
Staff member	GP and Practice Manager were very supportive.
Staff member	Feedback received that they enjoyed working at the practice.

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

Source	Example
Staff member	Suggested the practice ethos and this was rolled out to all staff.
Staff member	Uniform was introduced.

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

Source	Example
Practice staff	Open door policy with patients if they wanted to speak to practice leaders.
Staff	If clinics run late, staff apologised to patients.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Policy	Whistleblowing policy for staff to use.

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

Source	Example
Staff member	No tolerance of violence policy. Patients were removed from the list or warned regarding inappropriate behaviour.
Alarms and keycodes	To protect staff should they need to raise the alarm.

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

Source	Example
Policies	Have been updated in line with current legislation.

Examples of actions to improve quality in past 2 years

Area	Impact
Counselling service	To improve patient wellbeing and mental health.

Examples of service developments implemented in past 2 years

Development area	Impact
Mediscan	To keep the service in the community so patients did not have to travel to hospital.

Governance arrangements

	Method	Impact
Patients	PPG	Patients were able to influence the practice and make improvements for patients.
Public	Website	The public were able to use the website for health information.
Staff	Practice meetings and appraisals	The practice engaged with staff through team meetings and appraisals and encouraged open and honest communication.
External partners	Federation group and local practices	Practice management worked closely with the federation and other practices to improve working relationships.

Managing risks, issues and performance

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

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire	Risk assessment completed, fire wardens in place and fire drills were carried out.
Health and safety	Risk assessments and checks were carried out regularly.
Equipment checks	Equipment was calibrated and PAT tested to ensure accuracy and safety.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Email	Better communication
Public	Website	Health information
Staff	Practice meetings	Staff felt supported
External partners	Collaboration	Good local relationships

Feedback from Patient Participation Group;

Feedback

The PPG met regularly with the practice and any suggestions were considered. Patients we spoke with were complimentary about the practice staff and leaders and felt the relationship was positive.

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

Examples	Impact
Patient survey	The practice was able to review patient feedback and make improvements to the service provided.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Patient access	The practice regularly reviewed patient access and had employed an advanced nurse practitioner to improve access for patients.

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

Audit area	Impact
To ensure that abnormal and in adequate smears were being appropriately acted upon.	<p>Six women had abnormal smears and had been referred appropriately. Six women had inadequate smears due to inadequate labels as a result of a printer problem. One woman had an inadequate smear due to vial leakage.</p> <p>The printer problem has been rectified and all women with inadequate smears have had repeat smears.</p> <p>Re-audit due in May 2019.</p> <p>This audit had demonstrated a safe and effective cervical recall system.</p>
Amiodarone prescribing	Audit carried out June 2018.

<p>What measures were implemented following the first audit?</p>	<p>Two patients were on amiodarone. Only one had had 6 monthly bloods and 12 monthly ECG and CXR. Both had had an optician review.</p> <p>To monitor these patients carefully and ensure all checks are done. Repeat audit planned June 2019.</p>
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Any additional evidence

Data contained within the report reflects the legal provider. We noted the current partnership took over from the previous provider in November 2016. The premises remains the same as do the majority of staff and patients.

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>