

Care Quality Commission

Inspection Evidence Table

Enderby Medical Centre (1-549980505)

Inspection date: 8 August 2018

Date of data download: 30 July 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) 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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: There were active registers for safeguarding adults and children, child protection plan, child in need and looked after children. All staff were subject to a DBS check and were rechecked after three years. Staff members were required to sign a commitment at each appraisal to agree there was no changes to their criminal record.	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	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
<p>Explanation of any answers:</p> <p>The practice had induction packs for staff members tailored to their role. This included training requirements, recruitment checks and regular meetings to monitor progress.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:</p>	<p>Yes 13/07/2018</p>
<p>There was a record of equipment calibration Date of last calibration:</p>	<p>Yes 25/07/2018</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment Date of completion</p>	<p>Yes January 2018</p>
<p>Actions were identified and completed. E.g. PAT testing on portable appliances such as heaters. Fire doors replacement</p>	<p>Yes</p>
<p>Additional observations: We saw a policy for COSHH substances with extensive room checks and an action plan which had been completed. There were also data sheets for all hazardous substances within the practice. Fire marshals had been appointed who had specific training for the role. There were procedures in place to cover marshals if not available.</p>	
<p>Health and safety Premises/security risk assessment? Date of last assessment:</p>	<p>Yes 14/03/2018</p>
<p>Health and safety risk assessment and actions Date of last assessment:</p>	<p>Yes 19/02/2018</p>
<p>Additional comments:</p>	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes 05/12/2017 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers:	

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 buddy system in place for test results or correspondence when clinicians were away from the practice however on the day of inspection we saw some hospital discharge letters and biochemistry results which had not been reviewed from the previous week.</p> <p>During the inspection we saw evidence of one receptionist recognising and responding to a patient who was showing signs of deterioration.</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*
<p>Explanation of any answers:</p> <p>We saw evidence of multidisciplinary meeting where different agencies attended to discuss patients care.</p>	

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)	1.02	0.94	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	6.9%	10.8%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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.	N/A*
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	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	
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Explanation of any answers:

No controlled drugs kept on site.

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.	11
Number of events that required action	11

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

Event	Specific action taken
An incorrect result being attached to a referral letter.	Clinicians to only deal with the patient with booked appointment.
Confusion over a dose change from hospital appointment	Any dose changes from secondary care to be authorised by Doctor or Pharmacist before adding to patients record.
Infant patient unable to gain appointments after seeking advice from NHS 111	Practice always refer children and infants to duty doctor if appointments not available.

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: All safety alerts received by designated lead, then shared with clinicians to assess whether anything in the practice needs to be completed. Designated lead then discusses in monthly team meetings for information.	

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)	0.72	0.69	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	88.8%	82.3%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.8% (16)	9.2%	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)	87.8%	77.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (13)	9.4%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	77.6%	82.1%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	7.3%	(20)	13.2%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	77.3%	74.8%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (31)	10.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	93.0%	91.1%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.6% (9)	12.8%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	92.2%	83.0%	83.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (16)	4.2%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	93.1%	90.6%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.3% (2)	7.1%	8.2%	

Any additional evidence or comments

Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	91	92	98.9%	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)	86	88	97.7%	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)	86	88	97.7%	Met 95% WHO based target Significant Variation (positive)
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)	86	88	97.7%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

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)	80.9%	77.3%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.7%	78.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	62.6%	62.1%	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)	66.7%	66.6%	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) <small>(PHE)</small>	56.0%	59.3%	51.6%	Comparable to other practices
<p>Any additional evidence or comments</p> <p>237 patients were invited for the 40-74 NHS health check and 201 were conducted (85% uptake rate)</p>				

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)	100.0%	97.1%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.0% (10)	47.6%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	95.5%	90.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	37.8% (14)	38.6%	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)	95.7%	81.1%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (1)	8.4%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	546	539
Overall QOF exception reporting	4.1%	5.2%	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) <small>(QOF)</small>	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	96.1%	95.6%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (9)	1.1%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Written consent was mandatory for minor surgery which was scanned and recorded on patient's records. Doctors routinely audited consent was appropriately recorded on their own appointments records and those conducted by other healthcare professionals. Verbal consent was obtained and recorded on patients record.

Any additional evidence

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	22
Number of CQC comments received which were positive about the service	18
Number of comments cards received which were mixed about the service	4
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
comment cards	Feedback from patients included positive comments about staff attitude and friendliness. Patients said that their experiences with clinicians were positive and they were treated with dignity and respect. Some comment cards included negative feedback regarding getting to see specific GP's or appointments.
NHS choices	Feedback on NHS choices was mixed with some positive feedback regarding the practice manager. There were negative comments about access being difficult and Doctors attitude.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,457	318	115	36.16%	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)	89.3%	79.8%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	83.0%	90.6%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	95.5%	96.4%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	84.1%	88.1%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	94.0%	90.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	90.7%	90.4%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
June 2018	The practice introduced different health professionals to offer appointments following negative comments left by patients on NHS choices. They ran a questionnaire to gain feedback on access which was all positive.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients reported they felt that clinicians always involved them in their consultation and treatment options. Patients reported they felt listened to during consultations.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	88.6%	88.5%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	78.3%	83.1%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	89.3%	88.7%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	85.9%	83.5%	85.4%	Comparable to other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	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.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	73 carers identified (1% of population)
How the practice supports carers	<p>The practice had a carers champion to manage carers.</p> <p>Carers were identified through new patient questionnaires or consultation or opportunistic when recognised. It was recorded on patients records if identified as carer.</p> <p>The carer was sent an information pack which included useful information and local services which could offer support.</p> <p>Carers were offered an annual health check and annual flu vaccination.</p>
How the practice supports recently bereaved patients	The practice supported bereaved patients by sending a letter if the family was known to the practice. GP's would offer appointments or home visits if required to support bereaved families. The practice would refer to local services depending on circumstances.

Any additional evidence

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Staff we spoke with reported they would keep voices low and take patients to a side room if necessary. Staff also were aware to keep any patient records away from the reception desk.</p> <p>A hearing loop was not utilised at reception due to it raising confidentiality issues. Reception staff could demonstrate how they would manage patients with hearing impairments by writing information down or taking to a side room.</p>

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
Comment cards	Patients reported they were treated with dignity and respect from all members of staff including clinicians and reception staff.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	7am to 7.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

Appointments available	8.15am to 5.45pm Monday to Friday
Extended hours opening	7.15am to 8am and 6.30pm to 7.15pm on Wednesdays

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	
<p>When home visits were requested this was triaged by duty doctor. Doctors would go to patient's home if required and took a doctor's bag with medication in case of emergency.</p> <p>Patient records would be updated when the doctor returned to the practice.</p> <p>Routine reviews of medication or conditions were also conducted at patient's home if necessary.</p>	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6,457	318	115	36.16%	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 practices opening hours. (01/01/2017 to 31/03/2017)	81.2%	75.6%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	96.4%	64.4%	70.9%	Variation (positive)
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)	89.5%	74.2%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	83.9%	68.6%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
Comment cards	Patients reported that access to the practice was generally good and they were able to get an appointment when needed. Some patients reported they didn't always get to see a specific GP.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	14
Number of complaints we examined	6
Number of complaints we examined that were satisfactorily handled in a timely way	14
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The practice had a structured system to investigate and complete a report on every complaint which included all correspondence. We saw evidence that all complaints had been dealt with in a timely manner with a full apology and account sent to the complainant when necessary.	

Example of how quality has improved in response to complaints
The practice had implemented a system where all patients who request an urgent on the day appointment would be referred to the duty doctor if there were no appointments left for the day. This was following a complaint about urgent appointments not being offered. Therefore, all patients requesting an urgent appointment would be assessed by a doctor.

Any additional evidence

Well-led

Leadership capacity and capability

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

The practice had implemented leads for all long-term conditions and specialised services offered by the practice such as learning disabilities, mental health and dementia. These were available on a structure chart for staff to use.

The practice had a structure for appointments to ensure that doctors could deal with the most complex clinical needs. Acute appointments could be conducted by nurse practitioner, physicians associate or training doctors when appropriate and the practice had a duty doctor to supervise and prescribe if necessary.

Management were planning for the future of the service by employing a range of allied health professionals with different specialities to offer patients a variety of appointments.

Vision and strategy

Practice Vision and values

The practice had a vision of providing the best care for patients and putting the patients first and communicating with other local health and social care agencies to provide extensive support and care for patients. These visions and values were agreed with the wider staff team.

Culture

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

The practice demonstrated a strong culture of improvement with the whole team included. The practice held bi-monthly clinical governance meetings with the full team to discuss a standard agenda which included complaints, significant events, new guidance, vulnerable patients updates and give staff the opportunity to raise feedback.

The practice was implementing new staff to ensure patients had access to specialised care professionals when required.

The practice held good relationships with external local care agencies and could refer to agencies if required.

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

Source	Feedback
Staff feedback	Feedback from staff at the practice was positive about their work. They reported that the management team were approachable and available when required. The staff reported being included in all discussions which they valued.

Any additional evidence

The practice is a training centre for trainee doctors and GP registrars. The GP trainers provide a supportive environment and supervision daily.

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 a comprehensive suite of policies and protocols which included health and safety, business continuity and safeguarding.
Governance Structure	There was a clear and inclusive governance structure which included staff responsibilities and lead roles.
Multidisciplinary Approach	The practice held many multidisciplinary meetings for complex patients and ensured all discussions were recorded on patients notes.
	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
Fire	Risk assessment carried out and ongoing monitoring completed. Fire marshals adopted, with evidence of fire drills and learning. Equipment checked for safety.
Legionella	Risk assessment carried out and ongoing monitoring completed.
COSHH	Risk assessment carried out and reviewed. Data sheets for all hazardous substances kept within the practice to identify risks and processes put in place for protection.

Appropriate and accurate information

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

Any additional evidence

Engagement with patients, the public, staff and external partners

Any additional evidence
<p>The practice organised a health fair in the community inviting other local agencies for information sharing and to promote awareness of the locality. Screening professionals, alternative therapies, mental health practitioners, local council and many other services were there.</p> <p>The practice clinicians had published a study on their usage of the CRP testing for acute cough or respiratory tract infections which had been published in the journal of General Practice in April 2017. This showed the positive impact of having CRP testing done in primary care on antibiotic prescribing and secondary care admissions.</p>

Continuous improvement and innovation

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

Audit area	Improvement
Asthma	All asthmatic patients had been reviewed in line with the latest national guidance published by BTS. 80% of patients were being treated in line with the remaining 20% remained on combination therapy due other contributing factors.
Frailty	By using the PRISMA tool 21 patients were found to be at risk of frailty and were invited for a consultation to identify and categorise the impact on their mobility and independence.

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](#)).