

Care Quality Commission

Inspection Evidence Table

Kennedy Way Surgery (1-544569341)

Inspection date: 4 September 2018

Date of data download: 21 August 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Y
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies were updated and reviewed and accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Y
Information about patients at risk was shared with other agencies in a timely way.	Y
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Y
Disclosure and Barring Service checks were undertaken where required	Y
All staff had received training in tackling domestic abuse as part of the South Gloucestershire Clinical Commissioning Group (CCG) initiative.	

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

and that this registration was checked on employment (along with satisfactory references) and where applicable annually thereafter. Health care professionals entry on professional registers is checked to ensure revalidation had occurred and that GPs were included on the NHS Performers List.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: October 2017	Y
There was a record of equipment calibration Date of last calibration: October 2017	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 October 2017	Y
Fire drills and logs	Y
Fire alarm checks serviced March 2018 – last tested June 2018	Y
Fire training for staff	Y
Fire marshals – most senior person in the building takes responsibility of fire marshal if there is an emergency.	N
Fire risk assessment Date of completion April 2017	Y
Actions were identified and completed.	Y
Evacuation plan had been updated for March 2018.	
Additional observations: Gas boiler maintenance was December 2017. Legionella risk assessment undertaken in July 2018.	
Health and safety Premises/security risk assessment? The onsite pharmacy had separate security arrangements from the practice. The practice had an intruder alarm and specific opening and closing procedures which ensured the building was secure and that no one was left in the building. Date of last assessment: October 2017	Y
Health and safety risk assessment and actions Date of last assessment: The practice had a process whereby all health and safety risk assessments were reviewed on a rolling basis throughout the year.	Y
Additional comments: there were sufficient precautions in place to alert people in an emergency such as computer alarm system and a manual alarm system installed in consulting rooms.	

Infection control		Y/N
Date of last infection control audit: the audit we saw on site was labelled 'Clinical Room Audit of all rooms' dated 22 & 28/8/18. However, further documentation was provided post inspection which indicated the practice met the requirements of the Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance criterion.		Y
The arrangements for managing waste and clinical specimens kept people safe?		Y

Any additional evidence
<p>We found the practice staff completed online mandatory training for infection control. We saw cleaning schedules were in place with regular monitoring that these were carried out effectively. The premises were clean with measures in place for the prevention of infection such as dated sharps boxes, and pedal operated waste bins.</p> <p>The practice had completed a handwashing audit in 2017.</p>

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 had a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers:</p> <p>The practice had over 50% patients registered for online services which enabled them to view test results.</p> <p>The practice operated a workflow optimisation protocol to allow normal results to be reviewed and filed by a trained health care assistant. This process was monitored as part of the governance process.</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) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA)	0.89	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)	10.9%	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).	Mostly
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
Up to date local prescribing guidelines were in use.	Y
Clinical staff could access a local microbiologist for advice.	Y
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Mostly
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.	N
<p>Explanation of any answers:</p> <p>The refrigerator for storage of vaccines had a consistent temperature record outside of the recommend range of 2-8 degrees centigrade. For example, for August 2018 the maximum temperature was recorded outside the range on 21 occasions, with evidence of mitigation recorded only for two events. We saw that the refrigerator had been included in the instrument calibration service in October 2017. The consistency of the higher than expected maximum readings could indicate that the temperature had not been reset however we alerted the practice management team who took action as per the Public Health England guidance (What to do if issues with vaccine storage management are identified during a Care Quality Commission inspection). We noted that the practice only had one thermometer for temperature reading and best practice would be to have two and use a datalogger.</p> <p>We observed that the practice followed GMC guidance for identifying and verifying patients on the telephone however there was no written protocol.</p> <p>We found not all of the patients group directives were signed and in date. This was rectified after the inspection and the practice provided evidence of this.</p> <p>There was no risk assessment in place to support the decision not to stock all the emergency medicines as recommended by the Resuscitation Council.</p>	

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.	11
Number of events that required action	11

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

Event	Specific action taken
Patient invited for and given the teenage booster/Men C which included the form to list any vaccinations given at school. The patient did not declare	Patient was contacted to apologise for the error and provide assurance that there was no harm having had the vaccination twice. NHS England was notified of this event as notification of vaccinations given at school were not routinely sent to the

they had had it back in 2015 in school, the practice had not received notification from Child Health or the school that this had been given.	practice. NHSE agreed to look at improving this going forward.
Prescribing error following recommendation from specialist health clinician was missed.	Information in letters are now highlighted in the electronic record Docman so GP any changes or actions can be easily seen.
Two week wait form had not been fully completed.	Secretaries to scan any form raised by GPs to ensure form completed fully. The practice also amended the template on the electronic record to automatically populate with the full name of GP rather than rely on a GP to do this.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
Comments on systems in place: alert system was satisfactory and action could be seen recorded on the electronic record system.	

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)	0.33	0.79	0.84	Variation (positive)

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	80.5%	80.8%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	20.0% (109)	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)	87.3%	79.9%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (40)	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)	94.3%	82.7%	80.1%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	22.6% (123)	16.3%	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, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	79.6%	75.7%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (13)	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)	94.3%	91.1%	90.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.4% (7)	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)	86.6%	83.1%	83.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (31)	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)	88.9%	88.4%	88.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.9% (22)	8.2%	8.2%	

Any additional evidence or comments

We discussed the exception rates with the practice and reviewed records and found the patients had been excepted appropriately. It was noted that the practice had good compliance from patients for asthma reviews with a low exception rate.

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)	115	117	98.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	108	109	99.1%	Met 95% WHO based target (significant variation positive)

(01/04/2016 to 31/03/2017) (NHS England)				
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)	108	109	99.1%	Met 95% WHO based target (significant variation positive)
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)	107	109	98.2%	Met 95% WHO based target (significant variation positive)

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) (01/04/2016 to 31/03/2017) (Public Health England)	79.6%	73.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.4%	71.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	60.2%	56.7%	54.6%	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)	87.5%	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)	46.5%	56.7%	51.6%	Comparable with other practices
Any additional evidence or comments The practice had good compliance from patients in respect of the national screening programmes.				

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)	93.5%	93.0%	90.3%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (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)	90.3%	91.0%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.4% (4)	17.3%	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)	89.2%	82.7%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.1% (5)	5.7%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	546	539
Overall QOF exception reporting (all domains)	5.1%	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)	Yes

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	98.0%	94.4%	95.3%	Comparable with other practices

months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (12)	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.
Any additional evidence
The practice has a policy for consent to the treatment of children that conforms to the current Children Act 2004; there was a clear process of obtaining and recording parental permission when administering vaccines. The practice had a policy for recording consent from vulnerable people to share information with their carers / next of kin.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	2
Number of CQC comments received which were positive about the service	2
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
NHS Choices	There were eight reviews on the NHS Choices site, all of which had received a comment. The aggregated rating was 4.5 stars out of a potential of five stars. Patients commented on the accessibility of the appointments and the quality of care.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11300	223	90	40.36%	0.8%

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)	85.4%	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)	84.0%	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)	94.9%	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)	76.9%	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 spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	91.5%	92.4%	91.4%	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 nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	93.4%	91.7%	90.7%	Comparable with other practices
Question				Y/N
The practice carries out its own patient survey/patient feedback exercises.				Y

Date of exercise	Summary of results
June 2018	Members of the patient participation group attended the practice at various times every day for a week to obtain feedback about the practice and to try to recruit new members. Positive feedback from patients was reported; new members for both the actual and virtual PPG were recruited.

Any additional evidence
The practice has a Facebook page and responds to comments from patients who use it.

Involvement in decisions about care and treatment

Source	Feedback
Interviews with patients.	We spoke with four patients, all of whom were pleased to be able to see a GP on the same day as requesting an appointment. One patient stated they preferred a 'sit and wait' service. Patients commented on the easy access to appointments; effective referral for secondary care; their ability to get through to the practice by telephone and the quality of care received from the team. All the patients spoken with had been registered with the practice for a long period of time.

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)	86.6%	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)	82.9%	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 spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	90.0%	90.4%	89.9%	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 nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	85.5%	85.0%	85.4%	Comparable with other practices

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified	The practice had identified 3% of the patient population as carers.
How the practice supports carers	The practice had well developed and embedded support systems for carers, including younger carers, who were identified by the practice were referred for a carers' assessment which could take place at the practice or at the patient's home. Carers are offered seasonal vaccinations and priority appointments.
How the practice supports recently bereaved patients	Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a card (this included those patients who suffered a miscarriage). This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception staff did not routinely take telephone calls at the reception desk. A new reception desk had been installed which had a lowered area for patients who were wheel chair users; the front counter had been built to a height which obscured any computer screens for confidentiality.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am-6.30pm

Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

Appointments available: Same day appointments were available for all patients who contacted the practice between 8am and 4pm.

Extended hours opening: Online pre-bookable telephone advice slots from 6.30am to 7am and pre-bookable face-to-face appointments from 7am to 8am.

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 operated a 'doctor first' system and any patient requesting a home visit was spoken to by a doctor and the level of urgency ascertained. This meant that if there was a need for an early visit then this could be allocated. The practice also had access to a home visiting service commissioned through the Clinical Commissioning Group (CCG).	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11300	223	90	40.36%	0.8%

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)	81.0%	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)	81.4%	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	88.3%	78.6%	75.5%	Comparable with other practices

(01/01/2017 to 31/03/2017)				
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)	79.9%	71.6%	72.7%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Facebook	The practice had a Facebook site where it had been scored as 4.1/5 for its service and had 33 patients recommend the practice out of the 37 patients who had posted responses.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	2
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:	
Examples reviewed showed that the letter of responses were well worded, apologetic and appropriate. Patients received appropriate information and opportunities to further discuss any complaints with the practice. Complainants were signposted to the Parliamentary and Health Service Ombudsman in the letters of response should they feel the complaint was not handled appropriately.	

Example of how quality has improved in response to complaints
The practice used an annual review of complaints to identify that any actions/learning indicated had been implemented. For example, a complaint about a locum GP had resulted in the GP no longer being employed at the practice.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
There had been a significant change in the leadership at the practice over the past 12 months. To ensure there was no impact on performance the practice had appointed new partners and used regular locum clinicians to support the team. There had been no registered manager at the practice since July 2017

which was a breach in the registration regulations however at the time of our inspection one of the partners was undertaking the registration process to be the registered manager.

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). One of the projects was the Improved Access which would allow for patients to access appointments on Saturdays.

Vision and strategy

Practice Vision and values

Their statement of purpose identified the practice would:

- Provide excellent all-round family health care by providing an atmosphere for patients that was professional, welcoming and encouraged full participation in their own health care.
- Ensure every member of the team realised the value of their role.
- Be committed to on-going education and development for all practice members, and developing practice mechanisms to cope with change in an evolving NHS.

Culture

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

The feedback from patients from a variety of sources and from the annual NHS patient survey had been consistently good.

The performance data for the practice was in line with or better than local and national averages.

Patients who spoke with us during the inspection were all long-term patients of ten or more years and gave positive feedback about the staff and their experience.

The practice was involved with external partners to promote wellbeing and staff had contributed toward a local educational evening for diabetes.

Well-being was a strong focus at the practice and they were promoting 'parkrun' an initiative from the Royal College of General Practitioners to encourage their patients to participate in regular exercise.

This was led by the example from the partners at the practice taking part in local fund-raising events and using social media to publicise events.

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

Source	Feedback
Staff	The practice was supportive of staff developing their roles.
Staff	The practice identified learning opportunities and alerted staff so that they could attend them.

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 their own policies to support the staff and patient safety. For example, there was a specific procedure for staff to follow when reviewing documentation received into the practice so that information that needed to be read by clinicians was highlighted.
Other examples	The practice had developed a specific policy for poor weather conditions.

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

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 actions taken to address risks identified within the practice

Risk	Example of risk management activities
Patients unable to access the service by telephone	Audits of telephone answering call times in order to monitor performance and plan resources
Insufficient appointment availability.	Ongoing monitoring and planning for appointment availability – staged appointment release times so that appointments are available throughout the day.
Safety of environment.	A rolling programme of risk assessment and review throughout the year of aspects of building safety.

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 practice had an actual and virtual group who were consulted about practice activity. We heard that the group had specific topics which they focussed on and had planned some work around combating loneliness in order to promote patient's well-being.

Any additional evidence
The group meetings were held at lunchtime so that any member of staff from the practice could attend.

Continuous improvement and innovation

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

Audit area	Improvement
Medication audits	Patients were prescribed medication in line with the latest guidance such as the guidance for use of long term respiratory inhalers.

Cervical smears	The practice kept a record of patients with inadequate smears and ensured follow up action was taken so that screening was effective.
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Any additional evidence

The practice had invested in the environment and had installed a new reception desk; new flooring in the waiting area and power assisted doors.

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 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](#)).