Care Quality Commission

Inspection Evidence Table

Crossroads Medical Practice (1-570711967)

Inspection date: 11 September 2018

Date of data download: 3 and 27 September 2018

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

Safe

Safety systems and processes

Safeguarding	Y/N
There were lead members 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.	No
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: Some policies were not updated regularly or there was uncertainty about which policy was followed. For example, the Cervical Screening Policy provided by the practice after the inspection, had last been updated in 2012. There was a Cervical Screening Protocol which was reviewed on 29/11/2017; this was generic and not practice-specific. The Sharps Policy was last updated August 2017. *Although there was a risk register of specific patients, patient information was not up to date. For example, patients who had survived cancer were on the palliative care register.	

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
Explanation of any 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: May 2018	Yes
There was a record of equipment calibration Date of last calibration: June 2018	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	Yes
Fire drills and logs	No
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshalls	No
Fire risk assessment Date of completion	Yes August 2017
Some actions were identified and had been completed. One action for recruiting and training fire marshalls had not been actioned although two staff members were booked to attend the training.	
Additional observations: There was no record of fire drills and logs.	
Health and safety Premises/security risk assessment? Date of last assessment:	Yes April 2018
Health and safety risk assessment and actions	Yes April 2018

Date of last assessment:	
Additional comments: Premises and health and safety risk assessments were generic and not practice-specific.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: *The practice provided several versions of the infection prevention and control audit and infection control action plan. For example, on the day of the inspection staff provided the infection prevention and control audit dated August 2018 and the action plan for infection control was dated July 2017. The action points from the action plan did not correlate with the audit. Following the inspection, the practice provided the infection prevention and control audit dated September 2017 and an action plan dated July 2017. The action plan did not match the previous one even though it was dated July 2017. There were actions outstanding, for example, dust in lights with the work due to be completed by October 2017. After the information was queried, the practice provided a new infection prevention and control audit dated 17 September 2018 and a new infection control action plan dated 17 September 2018. Actions identified were environmental and were due to be completed in 2019.	Yes Sept 2018 No*
The arrangements for managing waste and clinical specimens kept people safe?	Yes*
Explanation of any answers: *There were no orange top sharps bins.	

Any additional evidence
There was no cleaning protocol or policy for specific equipment such as the spirometer, nebulizer and ear irrigator. We saw evidence cleaning was carried out and recorded.

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

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.	No*
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 answers: *Individual care records were not written and managed in line with current guidance and relevant legislation. Electronic records did not contain the active problems identified to flag to clinicians the primary diagnosis. Practice registers and care records did not corroborate. For example, the palliative care register held details of patients who had passed away.	

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.73	1.06	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). (01/07/2017 to	7.8%	10.6%	8.7%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
30/06/2018) (NHSBSA)				

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

Explanation of any answers: *Although the process for the management of high risk medicines was effective and involved monthly searches, other processes for medicine review were not effective. For example, medicines prescribed for weight loss had been reviewed by a clinician and a repeat prescription issued. Patients had been prescribed the medicine without the correct patient health checks or when the patient's last recorded weight was below that which required weight loss medicine.

**The practice did not have a risk assessment to determine the range of emergency medicines.

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	No
Number of events recorded in last 12 months.	13
Number of events that required action	13

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
Patient requested a call from the GP but was not called back when asked to	The GP was spoken to and it was reinforced that clinicians should ensure all urgent work is completed on the same day.
One patient given another patient's prescription	Reminder to staff to double-check patient details.
X-ray result not actioned on the same day	Administration time was built in to clinician appointment templates.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understood how to deal with alerts	Yes
Comments on systems in place: There was a system in place for logging and responding to safety alerts.	

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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.49	1.24	0.83	Comparable with other practices

People with long-term conditions

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	76.6%	80.6%	79.5%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	2.7% (11)	11.8%	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)	62.0%	77.9%	78.1%	Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	4.1% (17)	8.9%	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)	67.9%	79.4%	80.1%	Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	5.3% (22)	15.4%	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)	71.3%	75.8%	76.4%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	6.8% (35)	9.0%	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)	66.5%	87.0%	90.4%	Significant Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.4% (20)	14.3%	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)	85.6%	85.0%	83.4%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.3% (15)	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)	82.9%	91.3%	88.4%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	2.0% (3)	5.2%	8.2%	

Any additional evidence or comments: Staff we spoke with told us the practice was focusing on particular QOF areas such as diabetes and as a result other QOF results had been affected. The practice was in the process of recruiting additional qualified staff.

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)	62	63	98.4%	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) (01/04/2016 to 31/03/2017) (NHS England)	82	83	98.8%	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)	82	83	98.8%	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)	82	83	98.8%	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)	81.6%	76.4%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	80.0%	74.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	64.9%	60.5%	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)**	41.2%*	61.2%	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)	50.0%	50.1%	51.6%	Comparable with other practices
Any additional evidence or comments: *The practice had more recently been targeting the low percentage of patients diagnosed with cancer within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the diagnosis date (figure shown as 41.2%). Patients were being offered double appointment times and the current unverified figure which covered the previous 12 months prior to the inspection date was 90%.				

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)	82.9%	82.0%	90.3%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.9% (5)	17.5%	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)	78.0%	84.8%	90.7%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.9% (5)	16.1%	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)	59.0%	79.4%	83.7%	Variation (negative)
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	9.0% (6)	9.3%	6.8%	
Any additional evidence or comments: Unverified data for the period from 01/04/2017 to 31/03/2018 (QOF) showed 24% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record in the preceding 12 months.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	482	521	539
Overall QOF exception reporting (all domains)	2.8%	6.0%	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 months (01/04/2016 to 31/03/2017) (QOF)	96.1%	94.6%	95.3%	Comparable with other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	0.8% (16)	1.1%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw clinicians requested consent from patients which was then recorded in patients' notes.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	3
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Comments cards	Two comments cards received referred to being shown a lack of respect and being dismissed and not listened to by the clinicians. Three comments cards included praise for all the staff and that patients felt supported and were treated with kindness.
NHS Choices	Recent comments included one patient who was upset she had to wait an hour for her baby's appointment with a nurse and she did not receive an apology. Another patient fed back how happy she was with the treatment and service provided by a trainee nurse.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6235	230	114	49.6%	1.83%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	80.2%	88.5%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	74.5%	87.7%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.0%	96.8%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	66.2%	83.1%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
2018	In conjunction with the PPG, the practice had been carrying out a patient survey. After the inspection the practice analysed the responses. Patient satisfaction levels were high around clinical care but lower when patients were asked about how easy it had been to get an appointment. Patients who made specific comments about the practice and staff were positive.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients did not always feel involved in their care and treatment. Some patients told us it depended upon the clinician they saw. Others confirmed they did feel the GP listened to them and understood their wishes.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.3%	94.2%	93.5%	Comparable with other practices

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 104 carers which was 1.7% of the practice population.
How the practice supported carers	The practice had carers packs which provide information, advice and signposting to carers.
How the practice supports recently bereaved patients	The practice supported bereaved patients by sending a card and sometimes calling them by telephone.

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	Signs the practice displayed asked patients to stand back from the reception area to respect patient confidentiality.

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
Patient comment cards	One comment card contained positive feedback about being treated with dignity and respect and one reported negative feelings about not being treated respectfully.
Patients we spoke with on the day	We asked five patients on the day of the inspection if their privacy and dignity was respected by medical staff. All five said yes.

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 - 20.00
Thursday	07.30 - 18:30
Friday	08.00 - 18:30

Appointments available	
	Routine appointments were available up to four weeks in advance as well as urgent appointments on the day and telephone appointments.
Extended hours opening	
	Early morning appointments were available on Thursday and later appointments on Wednesday evening.

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	
Reception staff took requests for home visits and referred this to the GP who assessed the information and contacted the patient if necessary.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6235	230	114	49.6%	1.83%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	90.5%	95.4%	94.8%	Comparable with other practices

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 responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	54.4%	70.5%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	46.5%	68.1%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	42.9%	64.9%	65.9%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	64.3%	75.4%	74.4%	Comparable with other practices
Any additional evidence or comments: Patients we spoke with told us there was no clock in the reception area so they could not easily tell if appointments were running to time.				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Several reviewers referred to the difficulty getting through to the practice by telephone and the problems getting an appointment.
Patient interviews	Patients we spoke with also told us they were unable to get an appointment when they needed one. They said it took a long time to get through when they called and when they spoke to the receptionist, there were no appointments left.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	7
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	0

Additional comments:
Complaints we looked at were acknowledged and responded to within the timescales set out in the practice complaints procedure. Responses were detailed and were often directly from the clinicians involved with an accompanying letter from the complaints lead. The practice responses were sincere and referred to the specific issues raised by the complainant. Apologies were given when appropriate.

Example of how quality has improved in response to complaints
Although complaints were satisfactorily handled and investigated in a timely way, the practice did not consider fully how complaint analysis may have led to quality improvement. Complaints were discussed at clinical meetings but because these took place infrequently, opportunities to discuss and learn from complaints were not utilised.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
Staff told us they felt supported by the leadership team.
Some staff with additional responsibilities received regular supervision from practice leaders to support them to carry out their role.

Vision and strategy

Practice Vision and values
Staff told us they put patients at the heart of what they do but there were different views on priorities. We were unable to see evidence of a business or action plan which set out how the practice would achieve their strategy.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
At the time of the inspection, ten staff had not received an appraisal in the last year. However, after the inspection the practice told us all staff had now received an appraisal but we did not have evidence to show this.

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

Source	Feedback
Staff interview	Staff told us they enjoyed working at the practice and although they had been through a lot of changes and challenges, they felt part of a committed team.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Policies we looked at were not always practice-specific. For example, the Cervical Screening Protocol did not contain sufficient detail for staff to be clear who should carry out a particular task. The failsafe notification referred to a Practice Nurse/administrator who should check the patient records for correct name and address, recent tests and recall dates.
Policies were not followed	Policies were not always followed. For example, the Clinical Audit Policy was reviewed in August 2018. It advised that all audits should be discussed at quarterly clinical meetings but meetings did not take place quarterly.
	Y/N

Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	No

Any additional evidence
The Cervical Screening Protocol referred to a Practice Nurse or Administrator carrying out the failsafe notification. Clinical and administration staff we spoke with were unsure who was responsible for this part of the protocol.

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
COSHH risk assessments	There was a risk assessment sheet for each COSHH substance. The practice considered risks and assessed the likelihood of the event taking place and how this could be reduced. Risks were reviewed regularly.
Major incident	The practice had a business continuity plan in place.
Fire drills	There was no evidence fire drills were carried out.

Any additional evidence
*The business continuity plan was not dated so it was unclear when it had last been reviewed.

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

Feedback from Patient Participation Group;

Feedback
The PPG worked with the practice to engage with patients to make improvements. The practice held regular PPG awareness days and practice staff attended the regular PPG meetings.
The practice engaged with staff and encouraged open and honest communication.

Continuous improvement and innovation

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

Audit area	Improvement
High Risk Drug and Drug Monitoring monthly exception report September 2017	Identified patients prescribed high risk drugs who required blood test monitoring to improve safety and improve patient outcomes.
Oral Anticoagulation monthly exception report October 2017	Ensured patients with medical conditions requiring oral anticoagulation were receiving this and were monitored appropriately.

Any additional evidence
We saw evidence of a two-cycle audit of QOF exception reporting to check exception codes were used correctly. The practice's exception code rate was below the CCG and national average.

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 practices 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 ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	Comparable to other practices	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥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).