

Care Quality Commission

Inspection Evidence Table

Dr. S.D. Roberts and Partners (1-542702169)

Inspection date: 4 December 2018

Date of data download: 09 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	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:	

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
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test:</p>	<p>Yes</p> <p>May 2018</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p>	<p>Yes</p> <p>02/03/18</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 (Monday 1pm)</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment</p>	<p>Yes</p>
<p>Actions were identified and completed.</p> <p>The fire risk assessment had identified actions such as ensuring corridors were free from clutter and for staff to use the main entrance and not fire escape doors when exiting the building.</p>	<p>Yes</p>
<p>Additional observations:</p> <p>Security and health and safety checks were monitored and carried out on an ongoing basis by an estates manager.</p>	
<p>Health and safety</p> <p>Premises/security risk assessment?</p> <p>Date of last assessment:</p>	<p>Yes</p> <p>December 2018</p>
<p>Health and safety risk assessment and actions</p> <p>Date of last assessment:</p>	<p>Yes</p> <p>December 2018</p>
<p>Additional comments:</p> <p>The practice employed the landlord of the building to carry out all health and safety, premise and security checks. An estates manager was based on-site and would carry out regular maintenance of the building. Relevant environment risk assessments such as legionella, COSHH and health and safety assessments were carried out and lifts were serviced every six months. Actions had been identified and completed.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>One of the nurses was the infection control lead. Actions had been identified such as replacing alcohol hand gels in the reception area, ensuring sinks in consultation room are free from clutter and to ensure no food is placed in yellow clinical bins. We saw evidence that three audits had been carried out in the past twelve months and appropriate action was taken.</p>	<p>Yes</p> <p>November 2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

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
Explanation of any answers:	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
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:	

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)	0.93	1.07	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 30/06/2018) (NHSBSA)	10.2%	10.3%	8.7%	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.	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:	

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.	Six
Number of events that required action	Six

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

Event	Specific action taken
There was a delay in a patient receiving treatment for hypertension as this was not actioned appropriately.	No harm came to the patient. The patient was contacted and offered an apology and explanation. A meeting was held with the clinician and discussed as a wider team. The policy for recording and actioning results was reviewed to ensure a robust system was in place.
Secondary services requested a medicine to be converted from tablet to liquid form following a post operation for a patient. This resulted in an error and the incorrect dose being issued.	The incorrect prescription was rectified. This was discussed at a clinical meeting and a new process updated to ensure this was managed by the practice pharmacist.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>There was a policy and documented process for receiving and acting on safety alerts. These were received by the practice manager, who disseminated alerts to two of the GPs. These were then cascaded to the relevant clinicians and actioned appropriately. Alerts were discussed at the clinical meeting and minuted.</p>	

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)	1.57	1.04	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 (01/04/2017 to 31/03/2018) (QOF)	83.7%	82.3%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (28)	11.6%	13.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	83.3%	81.2%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.0% (20)	6.8%	9.8%	

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 (01/04/2017 to 31/03/2018) (QOF)	77.5%	81.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.9% (35)	12.8%	13.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	76.5%	76.1%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.6% (8)	5.3%	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 (01/04/2017 to 31/03/2018) (QOF)	90.5%	91.6%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.5% (5)	9.4%	11.5%	

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 (01/04/2017 to 31/03/2018) (QOF)	86.1%	86.5%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (39)	2.7%	4.2%	
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 (01/04/2017 to 31/03/2018) (QOF)	98.7%	94.7%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.3% (33)	9.1%	6.7%	
Any additional evidence or comments				
<p>We noted that the practices QOF achievement for patients with atrial fibrillation were higher than the local and national averages. However, the exception reporting rate was higher than the local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. We discussed this with the practice and saw evidence that patients were exception reported appropriately.</p>				

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) (01/04/2017 to 31/03/2018)(NHS England)	72	76	94.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	53	56	94.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	51	56	91.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	53	56	94.6%	Met 90% minimum (no variation)
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 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)	76.4%	74.2%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	78.7%	75.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	63.4%	61.5%	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)	75.0%	78.8%	71.3%	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%	51.2%	51.6%	Comparable with other practices
<p>Any additional evidence or comments</p> <p>We reviewed the data for cervical screening as this was 76.4%, which although above local and national averages, was below the 80% coverage target for the national screening programme. The practice showed us evidence of the processes undertaken to encourage attendance. For example, flags were put on patients notes to prompt discussion when attending for routine appointments. In addition, the practice had a notice board in reception which was regularly updated and focused on the health needs of its population. At the time of the inspection the notice board focused on women's health which included cervical screening.</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 (01/04/2017 to 31/03/2018) (QOF)	97.1%	92.7%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.8% (5)	10.9%	12.7%	
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 (01/04/2017 to 31/03/2018) (QOF)	95.8%	92.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (2)	8.1%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	76.8%	83.8%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.1% (3)	3.8%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	555	553
Overall QOF exception reporting (all domains)	3.5%	5.1%	5.8%

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 (01/04/2017 to 31/03/2018) (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 (01/04/2017 to 31/03/2018) (QOF)	97.5%	95.8%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (15)	0.4%	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. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR). We saw evidence of comprehensive policies, procedures and posters for staff and patients that confirmed this. The practice maintained data safely in accordance with data protection legislation.

Caring

Kindness, respect and compassion

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

Examples of feedback received:

Source	Feedback
Comments cards	All 18 comments cards that were completed in the two weeks prior to our inspection provided positive feedback about the care patients received. Patients reported that the practice was excellent, helpful, caring and a safe service.
NHS Choices	Feedback on NHS Choices rated the practice five stars out of five. Patients reported they were able to get an appointment when needed, were treated professionally and provides an excellent joined up service.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos 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
9885	230	105	45.7%	1.06%

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)	92.8%	93.2%	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)	90.0%	90.8%	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)	97.2%	96.9%	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)	88.7%	88.2%	83.8%	Comparable with 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
May and October 2018	The practice completes a monthly 'Friends and Family' satisfaction audit. The last audit completed in May and October 2018 reported that approximately 94% of patients were extremely likely or likely to recommend the practice to friends and family.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We interviewed patients who were positive about all aspects of care and treatment provided by the practice.

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)	96.6%	95.3%	93.5%	Comparable with other practices
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	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	The practice identified 229 carers which represented 2% of the practice list size.
How the practice supports carers	The practice identified carers and would signpost them to services for support and advice. The practice had a carers policy and toolkit to assist staff and patients on the support available. All carers were offered a flu vaccination.
How the practice supports recently bereaved patients	The practice kept a log of patients who had recently suffered a bereavement. The practice would contact patients for follow up and provide them with information on bereavement support services.

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>The practice was co-located in a purpose-built healthcare building with another GP practice, pharmacist and healthcare services. The reception desk was set back from the reception area and receptionists we spoke with told us they would ask patients to wait to be called forward to prevent conversations being overheard.</p> <p>Staff recognised patient's dignity and respect. If patients wanted to discuss sensitive issues or appeared distressed they could offer them a private 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
Discussion with patients	Patients we spoke with said they received sufficient information in decisions about their care.
Patient comment cards	CQC comment cards told us that patients felt involved in decisions around their care and treatment.

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	
	8.15am-6.30pm
Extended hours opening	
	Saturday's 8.30am-12.30pm

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 put all requests for home visits on the practice computer system. Requests for home visits were discussed with clinicians during a mid-morning break and if deemed clinically appropriate a home visit was completed.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9885	230	105	45.7%	1.06%

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)	97.5%	95.6%	94.8%	Comparable with other practices
Any additional evidence or comments				

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)	72.6%	73.5%	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)	79.1%	73.2%	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)	73.5%	68.9%	65.9%	Comparable with other practices
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)	89.0%	78.9%	74.4%	Comparable with other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	There were 17 comments on NHS Choices and the overall rating was 5 stars out of 5. The practice had responded to all comments received.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	11
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>The management of complaints was coordinated by the practice manager. The practice manager provided a monthly surgery and any patient could attend to discuss their complaint or raise any concerns about the practice. On the day of inspection, patients we spoke with were aware of this service. We saw that complaints were regularly discussed and learning was shared with staff.</p>	

Example of how quality has improved in response to complaints
<p>A patient presented with emergency symptoms that was not initially recognised by a receptionist. As a result, training was put in place for staff to complete. This was discussed in a clinical meeting and shared with the wider team to update staff's knowledge.</p> <p>The practice continued to learn from mistakes. Regular significant events and complaint meetings were held and all staff were encouraged to attend. The practice manager held a monthly surgery open to all patients to attend and discuss concerns or complaints they may have.</p>

Well-led

Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and the future of services. Staff that we spoke with understood their roles and those of others. Leaders had oversight of all clinical and non-clinical areas and were able to highlight the challenges they faced as well as their achievements. There was regular communication in the practice and all staff were encouraged to attend practice meetings. There was a clear staffing structure in place and the practice had assigned clinical and non-clinical lead roles in order to champion areas of practice service delivery.

Vision and strategy

Practice Vision and values

The practice's vision was to provide good patient care. These values were adopted by all staff that worked in the practice.

Culture

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

We saw that the practice had an open culture. All staff could report incidents and were encouraged to bring up issues that could be improved. The practice held regular significant event meetings and all staff were encouraged to attend. Policies were available on the practice intranet which was accessible by all staff. All staff received an annual appraisal and were clear on their roles and responsibilities. Staff said the culture in the practice was very good and they felt well supported and valued.

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

Source	Feedback
Staff	Staff we spoke with told us that leaders were very friendly and approachable. There were positive working relationships. Staff felt able to raise any issues and felt well supported by their colleagues and managers.

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 range of clinical and non-clinical policies available for staff. Some examples of policies included, health and safety, risk assessments, significant events, safeguarding, infection control, information governance, administration, financial, patient safety and staffing policies.
Team meetings	The practice carried out regular team meetings to update staff and share learning. All staff were encouraged to attend significant event meetings to aid learning. There were processes in place for staff who were unable to attend to ensure information was cascaded.
Staff training	There was a good management overview of staff training and development. Training and development was planned to support future development of the service and staff.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

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
Business continuity plan	The practice had access to information in the event of an emergency so staff knew the action to take.
Staff performance	Performance of all staff was monitored supportively within a culture of learning and development. Staff were offered annual appraisals and given protected time for learning.
Infection prevention and control audits	These were completed regularly and actions identified were completed.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had a virtual PPG group who fed back to the practice on areas of improvement when required. We met with a member of the group who told us that this worked well and staff were approachable, listened to feedback and made changes as appropriate. Patients were aware they could access practice manager surgeries held monthly to discuss any issues or concerns. The practice told us that they had over 200 virtual PPG members. However, they were looking to streamline this to become more efficient. There were plans to implement a wider face to face locality PPG group with other practices in the local area.

Continuous improvement and innovation

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

Audit area	Improvement
Hypertension audit (full cycle)	An audit was carried out to look at the prevalence rates for patients with hypertension in the practice. The audit concluded that the practice's prevalence rates had increased by 1.2% since the last audit and although was in line with the local averages was higher than the national averages. The practice identified issues with the coding of patients and were discussing their findings in a clinical governance meeting with an action to review the coding and promote screening.
Trigger finger audit (full cycle)	An audit was carried out for patients undergoing trigger finger injections in the minor surgery clinic to establish its success rate. A questionnaire was sent to patients with 82% completion rate. Overall satisfaction levels remained high with the outcome. To be repeated in twelve months' time and all patients to be given a post injection advice leaflet.

Any additional evidence
The practice was part of a neighbourhood team which comprised of three other practices in the area. The team met monthly to work on local initiatives and national campaigns. The team shared best practice and were in the process of developing a shared website, a neighbourhood PPG and the integration of nursing teams.
The practice recognised the needs of its vulnerable population and had a contract with Children's Services to provide temporary healthcare for parents and young children residing in a residential parenting assessment centre on a short-term basis. In addition, the practice provided support to a local

care home for patient's with learning disabilities and sensory impairments. We spoke with the care home manager who told us that they had a dedicated GP for ongoing care and monitoring. The practice was accommodating and flexible to their patient's needs.

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](#)).