

Care Quality Commission

Inspection Evidence Table

Churchwood Medical Practice (1-4529785948)

Inspection date: 13 November 2018

Date of data download: 08 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.	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)	N
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	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required	Partial
<p>Explanation of any 'No' answers:</p> <p>The training matrix provided by the practice showed that one GP had not undertaken level three child safeguarding training. Nurses were shown as also requiring level three training as a mandatory requirement and this was also incomplete. One nurse was detailed in the training matrix as having no safeguarding training on record.</p> <p>Reception staff also showed gaps in safeguarding training.</p> <p>Vulnerable patients had an alert on the computer system to identify them but with vulnerable children the other members of family were not highlighted which could potentially enable an issue to be missed that might impact on the vulnerable child.</p> <p>A DBS certificate log was seen but this showed that 10 certificates were over three years old, this represented 45% of all certificates.</p>	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
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
<p>Explanation of any answers:</p> <p>Evidence was seen that there were gaps within the recruitment information held within personal files seen during inspection. This included no full employment history available, no signed contract in files, no proof of identity checked and references missing.</p> <p>Evidence was seen that Hepatitis B immunity status was known but not immunity for other diseases, for example, chicken pox or measles.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 17/5/2018	Y
There was a record of equipment calibration Date of last calibration: 24/4/2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Partial
Fire procedure in place	Y
Fire extinguisher checks	Y
Fire drills and logs	Y
Fire alarm checks	Y
Fire training for staff	Partial
Fire marshals	Y
Fire risk assessment Date of completion: October 2018, internal risk assessment	Partial
<p>Actions were identified and completed.</p> <p>We were informed that the cleaning contractors maintained information in relation to safety data sheets required under the control of substances hazardous to health regulations 2002 (COSHH) but these were not available to practice staff.</p> <p>There was a fire risk assessment undertaken internally by the practice but this was not accurate, there was an assessment of self-closing doors which were not fitted at the practice and documented that the practice is not occupied at times of darkness. We were at the practice when it was dark during normal operating hours.</p> <p>The training matrix provided showed not all staff had completed fire safety training.</p>	
Health and safety Premises/security risk assessment? Date of last assessment: 1/3/2018	Y
Health and safety risk assessment and actions Date of last assessment: 8/10/2018	Partial
<p>Additional comments: Health and safety risks had been identified but no action plan was in place to resolve these issues. For example, panic buttons requiring batteries and a review of fire doors required.</p> <p>There had been a Legionella risk assessment undertaken in November 2015 with actions requiring to be undertaken that had no record of being acted upon. For example, there were 11 priority one risks that had been identified that required action to be taken without delay. One of these issues was to implement monthly water temperature checks, these were only being carried out twice yearly.</p> <p>There were a further three areas of risk priority. Two identified required actions to be completed within three months from the date of assessment.</p>	

It was also documented that the latest a further assessment could be completed was with-in two years. On the day of inspection this was overdue by over a year. The assessment of November 2015 stated that management systems that meet with the requirements of 'HSG 274, Legionnaires Disease; Technical Guidance' need to be implemented urgently. This had not happened.

Following the inspection, we were informed that there was an assessment planned for 29 November 2018.

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: No date but marked as 2018</p> <p>There was an action plan seen that contained 43 areas that required attention. At the inspection it was seen that 11 areas had been managed effectively with no timescales documented for the other areas. We were informed that this was a live document and completed as areas were dealt with.</p> <p>Detail: Not all chairs used by patients were able to be wiped clean and an examination couch needed repairs as it were torn.</p>	Y
The arrangements for managing waste and clinical specimens kept people safe?	Y

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Y
Risk management plans were developed in line with national guidance.	N
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.	Partial
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
Explanation of any answers: Risk management plans that could affect patients have been detailed above. The reception staff had not undergone training in recognising sepsis.	

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
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)	1.07	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 30/06/2018) (NHSBSA)	8.4%	8.6%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Partial
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
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	N
Clinical staff were able to access a local microbiologist for advice.	Y
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.	No
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.	Y

Explanation of any answers:

There was a system in place to monitor prescription forms that had been started two days before the inspection and was documented as a significant event. It was not clear on the day of inspection whether this could be seen to be embedded within their practice.

Requests for repeat prescriptions were not secure and could be accessed by anyone.

The practice had not always conducted medicine reviews as required. On the day of inspection, the practice had 2,974 patients on repeat medicines of which 2,311 were awaiting a review. This equated to 78% of patients that were overdue review. On the day of inspection non-clinical staff were able to issue prescriptions when the medicines were marked as outside their review date and without clinician re-authorisation.

The practice did not hold Naloxone, Diazepam or Midazolam or Aspirin within their emergency medicine kit and no risk assessments were in place to document the reasons for this. Naloxone is a medicine used to reverse the effects of opiates and the population served included vulnerable patients with a higher risk of requiring this treatment.

There was no checklist available to be seen on the day of inspection as the person that checked the medicines had gone home and it was not known where a checklist was kept.

There were no syringes, needles or cannulas within the emergency kit to aid in the administration of medicine. However, one 10ml syringe was in the emergency pack with an expiry date of 04/2009.

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.	7
Number of events that required action	3

Example of significant events recorded and actions by the practice;

Event	Specific action taken
A test for a patient on warfarin was returned to the practice and the result placed on a nurse's desk to be actioned the following day. When reviewed it was seen that the medicine regime was under the therapeutic range.	A new protocol was created that detailed the correct management of these test results and all clinicians were given access to the results information.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Staff understand how to deal with alerts	Y
<p>Comments on systems in place: The practice had additional software added to its computer operating system that enhanced their ability in determining what, if any, patients were affected by any safety alerts. Alerts were printed off and the actions recorded in the alert file.</p> <p>However, on the day of inspection it was seen that the filing system was difficult to navigate and the practice was unable to locate recent alerts.</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)	1.21	1.27	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)	80.9%	78.6%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.4% (40)	11.8%	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)	60.0%	76.5%	77.7%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.2% (52)	10.7%	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)	82.1%	82.0%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.0% (47)	14.8%	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)	76.8%	70.4%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.2% (40)	11.4%	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)	80.0%	83.4%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.9% (23)	13.2%	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)	81.5%	81.1%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (54)	5.3%	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)	87.2%	86.9%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (2)	5.3%	6.7%	

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)	67	71	94.4%	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) (01/04/2016 to 31/03/2017) (NHS England)	65	66	98.5%	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)	61	66	92.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	62	66	93.9%	Met 90% minimum (no variation)

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)	71.0%	74.3%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.9%	72.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.7%	58.3%	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)	76.0%	73.5%	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)	60.0%	66.6%	51.6%	Comparable with other practices

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)	86.7%	81.3%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.4% (7)	13.6%	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)	90.2%	79.8%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.0% (6)	11.3%	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)	75.6%	79.9%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.9% (4)	7.4%	6.6%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	Not available	-	-
Overall QOF exception reporting (all domains)	8.2%	6.1%	5.8%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	N
The learning and development needs of staff were assessed	Y
The provider had a programme of learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N
If no please explain below: There were significant gaps in staff training, including fire safety, health and safety and safeguarding. Evidence demonstrated that one nurse was two years overdue immunisation training.	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 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)	93.6%	93.4%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (6)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent was documented within the patient records and certain procedures had system templates available for this to be recorded.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comment cards	<p>Feedback received on cards included receiving an excellent service, staff at the surgery were very friendly and helpful. Patients felt listened to. Nothing was too much trouble for reception staff.</p> <p>Some negative comments made were in relation to accessing appointments and that the staff appeared stressed.</p>

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
6301	278	91	32.7%	1.44%

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)	84.3%	89.3%	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)	85.8%	88.2%	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)	88.5%	95.9%	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)	70.4%	84.1%	83.8%	Comparable with other practices

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

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Some feedback received included that there was not continuity of care as doctors kept changing. Patients raised the issue that appointments did not always run to time and they did not always find it easy to get through on the telephone.

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)	89.9%	95.1%	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.	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 101 patients who were carers, with no young carers registered. This equated to approximately 1.6% of the patient list.
How the practice supports carers	Information available in reception area, flexible appointments and flu immunisation.
How the practice supports recently bereaved patients	A GP would either telephone or undertake a home visit. Signposting to bereavement services was also available.

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 layout of the practice did not lend itself to supporting confidentiality. However, conversations were overheard within this area with patient identifying, and presenting condition information, spoken at a volume by reception staff that could be easily overheard by other patients or those attending the practice.

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:	
Morning: 8.30am-12pm	Afternoon: 3pm-5pm
Extended hours opening: On alternate Tuesday, Wednesday and Thursday evenings between 6.30pm and 8pm.	

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	
A clinician reviewed the information and decided on the appropriate pathway. Patients might be contacted for additional information. Only GPs would see patients on the palliative care list or other patients the clinicians determined should only be seen by GPs. These patients were flagged on the clinical system as GP only patients.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6301	278	91	32.7%	1.44%

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)	88.6%	94.8%	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)	56.5%	73.0%	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)	56.1%	73.8%	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)	57.9%	71.7%	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)	66.0%	78.3%	74.4%	Comparable with other practices

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	16
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

Example of how quality has improved in response to complaints

A patient had not checked in to reception for their appointment. Staff were given training to ensure they checked on people who had been in the waiting area for a long time to ensure they were actually booked in.

Well-led

Leadership capacity and capability

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

We received feedback from staff that the leaders of the practice were supportive and approachable.

Capacity within the practice was compromised by the senior partner's responsibilities for two other local GP practices meaning they rarely worked clinically on site. The practice manager's time was also shared with two other local practices which compromised their ability to maintain an adequate oversight of this location.

We found that there were areas that were not managed sufficiently well including risk management, recruitment checks, medicine reviews and staff training. It was seen that a vast majority of staff training had been undertaken in the days directly prior to the inspection with some staff undertaking 14 training areas on one single day.

Vision and strategy

Practice Vision and values

The practice aimed to provide accessible, high quality, primary care services that met the health needs of their patients and were delivered by compassionate staff.

Culture

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

The practice had recently started to use care navigation to assist their patients in receiving appropriate care and support.

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

Source	Feedback
Staff questionnaires	It was fed back that a dedicated practice manager would be best for the practice as currently there is an undertaking of dual roles with another location.
	We were told that there is a "small family unit" feel to working at the practice.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Fire safety policy, information governance policy	
		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	N

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Legionella	An assessment had been carried out of the premises in November 2015 but no there was no evidence of required actions being undertaken. There was an assessment planned for 29 November 2018 we were informed following the inspection.
Gas safety	Assessment undertaken 20/7/2018
Electrical Installation	Assessment undertaken 6/11/2018

Any additional evidence
The training matrix provided did not document that staff had taken training in relation to a major incident.

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
A questionnaire was sent to members of the patient participation (PPG) group prior to the inspection but no responses were received. We were informed during the inspection that the PPG did not reflect the population of the practice. Patients spoken to on the day of inspection had not heard of the group or had any knowledge of what they did.

Continuous improvement and innovation

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

Audit area	Improvement
Sodium Valproate	Ensuring all women of child bearing age had been made aware of taking measures that prevented them from becoming pregnant whilst on this medicine.
Amiodarone management	Enhanced compliance of blood testing and monitoring for patients taking this medicine to assist in patient safety.

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](#)).