

# Care Quality Commission

## Inspection Evidence Table

### Windermere and Bowness Medical Practice (1-2163977764)

Inspection date: 22 November 2018

Date of data download: 13 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: N/A	

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: N/A	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: October 2018	Yes
There was a record of equipment calibration Date of last calibration: February 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 marshals	Yes
Fire risk assessment Date of completion; June 2018	Yes
Actions were identified and completed.	Yes
Additional observations:	N/A
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment: June 2018	Yes
Health and safety risk assessment and actions Date of last assessment: June 2018	Yes
<p>Additional comments:</p> <p>The practice manager told us that there had not been a recent fire drill.</p> <p>There was an issue with the fire bell. When it was tested a screwdriver had to be used to active it, rather than a rocker switch.</p> <p>The windows frames were made of steel; the paint was flaking off and in one of the patient toilets the paint had flaked off completely from the window frame.</p> <p>The practice manager told us both these issues were on a list of actions they held for a refresh of the premises.</p> <p>The blood samples from patients which were awaiting collection were stored in a public area and were not secure. The practice ensured that these were made secure before we left on the day of the inspection.</p> <p>At the inspection the practice manager was unable to provide us with a health and safety risk assessment; this was sent to us after the inspection and had been completed by an external</p>	

contractor.

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: November 2018 The practice acted on any issues identified: No  Detail:	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: There was an odour in the gent's toilet on the day of the inspection. The provider told us it was due to a blockage on the day and this was dealt with immediately.	

Any additional evidence
N/A

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes*
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>* The practice had regular locum GP cover and were recruiting for 2.5 whole time equivalent salaried GPs and a full-time permanent clinical lead. The provider's chief medical officer was the current temporary clinical lead providing approximately 10 sessions every two weeks.</p> <p>The practice were recruiting a nurse to provide cover for the treatment room. There was a lack of nurse cover on Mondays in the treatment room, however the practice were running extra appointments on Wednesday afternoons to make up for this.</p> <p>The practice had looked at other ways to provide clinical care. They had recently employed a paramedic who was currently in training for their role within primary care.</p>	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>N/A</p>	

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.00	0.97	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)	6.0%	8.7%	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.	Yes
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.	Yes
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
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Explanation of any answers: N/A
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## 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.	20
Number of events that required action	20

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

Event	Specific action taken
Medication error	A request to change a patient's medication had not been carried out from secondary care. This was picked up at a review appointment. This was discussed at a clinical meeting and with the medicines management team. The clinicians were reminded of the changes to medication tray in surgery support.

Any additional evidence
<p>The practice provided us with a comprehensive record of significant events over the last twelve months. This provided detail including the perceived severity of the event, actions taken, where it was discussed, how communicated with the team and lessons learned.</p> <p>The provider had devised an internal bulletin for staff called 'Lessons Learned' which was to be produced every month with information for staff about learning which had taken place from significant events and complaints.</p>

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>The practice manager was responsible for safety alerts. These were actioned with the assistance of the provider's group lead pharmacist.</p> <p>The provider's group lead pharmacist compiled a monthly update bulletin for staff which set out any new safety alerts. It included updates in legislation and guidance, for example updated NICE guidance on dementia and lyme disease.</p>	



## Any additional evidence

N/A

## 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)	0.52	0.65	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)	84.6%	81.2%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.8% (29)	12.1%	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)	79.5%	75.7%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.1% (33)	9.7%	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)	90.1%	78.5%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.6% (64)	19.0%	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)	79.9%	74.2%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (3)	7.0%	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 (01/04/2017 to 31/03/2018) (QOF)	97.5%	86.9%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.0% (7)	11.9%	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)	81.4%	81.4%	82.6%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 4.4% (37)	CCG Exception rate 4.7%	England Exception rate 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)	93.8%	87.3%	90.0%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 14.3% (16)	CCG Exception rate 10.5%	England Exception rate 6.7%	
<b>Any additional evidence or comments</b> N/A				

## Families, children and young people

<b>Child Immunisation</b>				
<b>Indicator</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Practice %</b>	<b>Comparison to WHO target</b>
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)	48	50	96.0%	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) (01/04/2017 to 31/03/2018) (NHS England)	38	41	92.7%	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)	38	41	92.7%	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)	38	41	92.7%	Met 90% minimum (no variation)
<b>Any additional evidence or comments</b>				
N/A				

Working age people (including those recently retired and students)

<b>Cancer Indicators</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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)	70.8%	74.1%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.5%	74.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	61.7%	62.3%	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)	80.8%	76.1%	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)	58.6%	45.1%	51.6%	Comparable with other practices
<b>Any additional evidence or comments</b>				
N/A				

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)	92.3%	92.3%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (2)	14.5%	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)	94.9%	86.0%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.9% (2)	11.9%	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)	84.8%	80.9%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (2)	7.8%	6.6%	
<b>Any additional evidence or comments</b>				
N/A				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557	556	554
Overall QOF exception reporting (all domains)	5.7%	4.8%	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)	95.3%	94.8%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (7)	0.7%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The clinicians understood the requirements of legislation and guidance when considering consent and decision-making. They supported patients to make decisions. The practice monitored the process for seeking consent appropriately.

Any additional evidence
N/A

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	6
Number of CQC comments received which were positive about the service	6
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
CQC comment cards	We received six CQC comment cards which were positive about the service. Words used to describe the service included excellent service, patient centred and fabulous.
NHS Friends and family test	The practice provided us with NHS Friends and family test comments which were very positive from April to August 2018, patients praised the service. However, from September and October 2018 comments, five out of thirteen were negative, patients asking questions about why the service had changed, themes being changes in doctors.



## 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
5766	293	113	38.6%	1.96%

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)	97.7%	92.7%	89.0%	Variation (positive)
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)	96.7%	91.8%	87.4%	Variation (positive)
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)	98.6%	97.1%	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)	98.1%	90.2%	83.8%	Variation (positive)
<b>Any additional evidence or comments</b> N/A				

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

Date of exercise	Summary of results
You said we did	The practice had a board in the waiting area where they highlighted to patients the action taken as a result of their suggestions. For example, the patients asked for coat hooks for the back of the toilet doors, for them to hang on their handbags, which the practice implemented.
Engagement with patients	<p>The practice hosted a number of patient engagement events in July and August 2018 to explain to patients the staff changes at the practice. This gave the patients a chance to discuss the positive future for the practice. There had been fear in the community that the practice would close and the provider wanted to allay these fears.</p> <p>Feedback was received that some patients had not been able to attend the events. The practice then hosted a 'what matters to you' workshop at the local village centre which explained to the patients changes in the practice and what the future plans were. This was attended by approximately 150 patients. Feedback from this was very positive.</p>
One Primary Care Survey	The practice were in the process of collecting patients views via a questionnaire which had been devised called 'What matters to you...?'

Any additional evidence
N/A

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<p>We interviewed nine patients, two of whom who were members of the practice patient participation group.</p> <p>Five of the patients were unhappy with the service received. They told us that since the regular GPs had left the service it had changed. They didn't know which GP they were going to see and it was difficult to obtain an appointment. They told us they felt the nurses were providing the stability at the practice.</p> <p>Three of the patients told us that they were happy with the service they received and that they were kept informed of their care and treatment.</p>

## 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)	100.0%	96.6%	93.5%	Significant Variation (positive)
<b>Any additional evidence or comments</b> N/A				

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 proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (1% of the practice list).
How the practice supports carers	The practice could refer patients to local carer drop in sessions for patients. There were leaflets available about help for carers. Carers were offered flu vaccines.
How the practice supports recently bereaved patients	If families had experienced bereavement, if necessary the practice made follow up contact with the relatives.  The practice were researching setting up a bereavement café to support patients who had recently been bereaved. They felt there was poor provision for people in this situation and were working with other services to look to set this up.

Any additional evidence
N/A

## 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	Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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
N/A	

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 7.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm

Appointments available	
Day	Time
Monday	8.30am - 6pm
Tuesday	8.30am - 6pm
Wednesday	8.30am - 7pm
Thursday	8.30am - 6pm
Friday	8.30am - 6pm

Extended hours opening

Telephones at the practice are answered from 8am until 6.30pm, Monday to Friday. Outside of these times a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Cumbria Health on Call Ltd (CHoC).

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	
The GP or paramedic would triage the requests for home visits.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5766	293	113	38.6%	1.96%

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)	98.6%	95.7%	94.8%	Comparable with other practices
<b>Any additional evidence or comments</b> N/A				

## 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)	92.7%	79.4%	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)	82.5%	75.3%	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)	78.9%	74.6%	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)	88.2%	82.4%	74.4%	Comparable with other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
Interviews with patients	<p>We interviewed nine patients, two of whom who were members of the practice patient participation group.</p> <p>Five of the patients were unhappy with the service received. They told us that since the regular GPs had left the service had changed. They didn't know which GP they were going to see and it was difficult to obtain an appointment. They told us they felt the nurses were providing the stability at the practice.</p> <p>Three of the patients told us that they were happy with the service they received, they were kept informed of their care and treatment.</p>



## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	9
Number of complaints we examined	5
Number of complaints we examined that were satisfactorily handled in a timely way	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
<b>Additional comments:</b>	
Four out of the five written complaints we examined did not advise the patient on how they could complain to the Parliamentary Health Service Ombudsman (PHSO).	

### Example of how quality has improved in response to complaints

The practice received a complaint regarding the delay in preparing a prescription. The practice looked at the issues surrounding this and it was discussed at a clinical meeting and lessons learned were shared.

### Any additional evidence

The practice held a comprehensive tracker regarding complaints which held information such as date acknowledgement sent, date closed and lessons learned.

# Well-led

## Leadership capacity and capability

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

The provider had a leadership structure in place. Managers were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, we found that there was a disconnect between management perception of some of the issues facing the practice and what we found on the day of the inspection. For example, they had worked hard to engage with the patients about the staffing issues at the practice. The patients remained unhappy with the changes. The management thought the staff had received corporate induction however when we explored this further, some had not received this.

### Any additional evidence

N/A

## Vision and strategy

### Practice Vision and values

The provider's vision was: Putting People First, Working Together and, A Better Future.

## Culture

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

Source	Example
Significant events	Various examples on significant events log where issues have arisen and the practice have investigated, apologised to patient where necessary and changed procedures.
Complaints	Examples of complaints where investigations have been carried out and full written explanation to patients.
Staff survey	The provider had carried out a staff survey. Feedback was mixed. Overall satisfaction was rated on a scale of 1 to 10 with 10 being the highest. Four staff members scored satisfaction between 3 and 6 and 3 scored between 8 and 9.

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

Source	Feedback
Staff	Staff told us that the past few months had been "tough and stressful". They had spent time having to re-assure patients about the staff changes and that the practice was not going to close.
Staff	The practice held 'daily huddles' where the staff could get together to discuss issues. Staff told us this was useful.
Staff	The staff raised the issue with the management of the practice that the photo

	board in the reception area was old. This was addressed and updated.
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<b>Any additional evidence</b>
The provider had met regularly with NHS England and the local clinical commissioning group leaders since the summer, to outline key challenges and plans.

### Governance arrangements

<b>Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.</b>	
Practice specific policies	The practice had specific polices, for example, safeguarding, infection control, health and safety and a fire risk assessment.
Other examples	N/A
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

<b>Any additional evidence</b>
N/A

### Managing risks, issues and performance

<b>Major incident planning</b>	<b>Y/N</b>
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

<b>Risk</b>	<b>Example of risk management activities</b>
Human resources	HR audit carried out on six personnel files every six months for compliance with employment checks.
Infection control	Audit carried out November 2018
Health and safety	Audit carried out July and October 2018
Fire safety	Risk assessment carried out in June 2018

<b>Any additional evidence</b>
N/A

## Appropriate and accurate information

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

Any additional evidence
The provider had devised an internal bulletin for staff called 'Lessons Learned' which was to be produced every month with information for staff about learning which had taken place from significant events and complaints.

## Engagement with patients, the public, staff and external partners

### Feedback from Patient Participation Group;

Feedback
We spoke with two members of the patient participation group (PPG). They both told us they were unhappy with the recent staff changes at the practice. They felt that the changes had not been handled well by the provider

Any additional evidence
<p>The practice had a PPG of eight members. They had over 200 patients on a waiting list who wanted to join the group. The numbers of the group were at a set amount so that it could be managed. The 200 members were given the opportunity to be a virtual group where they could be emailed for their views on the practice.</p> <p>The practice had regular meetings, the last one being in November 2018. The GP clinical lead for the practice, practice manager and wellbeing coordinator attended the meeting with five members of the group. The minutes of this group showed that items discussed were the objectives of the PPG, new appointments in the practice, and the setting up of a social media group for the practice.</p> <p>The practice produced newsletters for patients which highlighted services at the practice and gave healthcare advice.</p>

## Continuous improvement and innovation

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

Audit area	Improvement
Monitoring of patients at risk of diabetes	The aim of the audit was to identify whether patients deemed to be at risk of diabetes were being reviewed and monitored. The search was conducted as a response to a significant event where a patient was found to have diabetes whose HBA1c had been raised 18 months

	<p>earlier. There were searches ran on the clinical system in 2017 and 2018.</p> <p>In 2017 there were 152 patients with a non-diabetic hyperglycaemia code on the clinical system without the code of diabetes. In 2018 there were 16 patients. This was following patients with this code being invited in for a check on their blood glucose (sugar) levels.</p> <p>The audit concluded that there remained a number of patients needing review with an up to date blood glucose test the numbers were significantly better following the initial audit in 2017. The administration teams contacted the remaining patients to offer them a blood glucose test and review appointment for lifestyle advice.</p>
Audit of record keeping by locum GPs	The practice ran an audit of record keeping by locum GPs. This looked at consultation notes to ensure they were complete, accurate, accessible, relevant and timely.
Audit of outcomes of patients seen by the advanced physiotherapist	The practice carried out an audit of the usage of the advanced physiotherapist who worked at the practice.

<b>Any additional evidence</b>
N/A

#### 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->

**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](#)).