

Care Quality Commission

Inspection Evidence Table

Radnor House Surgery & Ascot Medical Centre (1-3154089111)

Inspection date: 2 May 2018

Date of data download: 27 April 2018

Safe

Safety systems and processes

Source	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. They 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
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. 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
Reports and learning from safeguarding incidents were available appropriate to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers: Not applicable	

Recruitment Systems	Y/N
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current 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 'No' answers: Not applicable	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: September 2017	Yes
There was a record of equipment calibration Date of last calibration: September 2017	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	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: January 2018	Yes
Actions were identified and completed.	Yes
Additional observations: None	
Health and safety Premises/security risk assessment? Date of last assessment: January 2018	Yes
Health and safety risk assessment and actions Date of last assessment: January 2018	Yes
Additional comments: None	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: April 2018</p> <p>The provider acted on any issues identified</p> <p>Detail: The practice achieved 100% compliance in the last infection control audit. The previous audit in January 2018 had all outstanding actions completed.</p>	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers: Not applicable	

Any additional evidence
None

Risks to patients

Question	Y/N
The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	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 NICE guidance.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes
Explanation of any 'No' answers: Not applicable	

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
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	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 'No' answers: Not applicable	

Safe and appropriate 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).(01/07/2016 to 30/06/2017) ^(NHSBSA)	0.71	0.92	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) ^(NHSBSA)	10.9%	9.4%	8.9%	Comparable to other practices

Medicine 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 PGDS or PSDs).	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 (CD). (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 CD Accountable Officer.	Not applicable
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.	Not applicable
Up to date local prescribing guidelines were in use. 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 GMC 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 The practice had a defibrillator 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 'No' answers: Not applicable	

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.	7
Number of events that required action	6

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

Event	Specific action taken
Patient requesting clinical information from a receptionist during a conversation about making an appointment.	For GPs to add detail to patient notes when requesting they attend for an appointment. To make a number of telephone consultations available so patients can speak with GPs directly.
Patient commenced on new treatment for an immune system condition. The GP had not also considered a bone protection medicine which was added later following a discussion at a multi-disciplinary review.	Review of guidelines for prescribing was shared with the clinical team. Positive example of working with the multi-disciplinary team to improve patient care.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: <ul style="list-style-type: none"> • Received into practice by Practice Manager and both GP partners. • Disseminated to appropriate staff. • Log of alerts and actions taken/completed on practice shared drive. • Historical searches are undertaken. 	

Any additional evidence
None

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). (01/07/2016 to 30/06/2017) (NHSBSA)	0.69	0.77	0.90	Comparable to other practices

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	90.9%	82.2%	79.5%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.6% (30)	14.2%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	89.9%	84.5%	78.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.4% (7)	7.6%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)	89.6%	81.2%	80.1%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.2% (23)	14.5%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QoF)	79.4%	78.5%	76.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (4)	5.1%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	94.3%	92.7%	90.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (1)	7.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	85.0%	84.5%	83.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (4)	2.9%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QoF)	90.7%	89.5%	88.4%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.5% (4)	7.9%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	41	44	93.2%	Met 90% Minimum (no variation)
The percentage 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)	70	74	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) (01/04/2016 to 31/03/2017) (NHS England)	70	74	94.6%	Met 90% Minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	69	74	93.2%	Met 90% Minimum (no variation)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately 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)	70.9%	72.9%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	71.2%	76.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	50.7%	54.2%	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%	78.7%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	94.4%	94.6%	90.3%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions) 0 (0)	CCG Exception rate 9.8%	England Exception rate 12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	94.1%	95.3%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions) 5.6% (1)	CCG Exception rate 9.8%	England Exception rate 10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	100.0%	88.1%	83.7%	Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions) 13.3% (2)	CCG Exception rate 6.7%	England Exception rate 6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	559	556	539
Overall QoF exception reporting	4.3%	5.8%	5.7%

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.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for health care assistants employed since April 2015.	Yes*
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
<p>If no please explain below: Not applicable</p> <p>Any further comments or notable training:</p> <p>* The Health care assistant working at the practice had been in post since February 2014 and was not required to undertake the care certificate.</p>	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.0%	95.8%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.6% (5)	0.7%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
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)	44.8%	48.6%	51.6%	Comparable to other practices

Description of how the practice monitors that consent is sought appropriately

The practice offered joint injections and all patients were asked to provide written consent.

Any additional evidence

None

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	28
Number of CQC comments received which were positive about the service	24
Number of comments cards received which were mixed about the service	3
Number of CQC comments received which were negative about the service	1

Examples of feedback received:

Source	Feedback
Comments cards	<ul style="list-style-type: none">• Caring, supportive and helpful staff• Treated with respect• Professional staff• Ease of booking online appointments and e-consultations.• Difficult accessing appointments by telephone.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
5,161	325	3%	133	40.92%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	72.6%	77.1%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	91.2%	88.6%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	95.1%	95.6%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	85.4%	85.7%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	93.1%	91.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	91.9%	91.3%	90.7%	Comparable to other practices

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

Date of exercise	Summary of results
February 2018 to April 2018.	<p>Friends and family test results demonstrated high satisfaction from patients using the service. The percentage of satisfied patients who would be likely or extremely likely to use the practice again:</p> <ul style="list-style-type: none"> • February 2018 – 88%. • March 2018 – 90% • April 2018 – 87% <p>Positive comments received by the friends and family test included:</p> <ul style="list-style-type: none"> • Helpful, friendly and pleasant staff • Professional and thorough • Quick to respond and able to get an appointment • Prompt and efficient • Excellent service and thorough consultation. <p>There were very few negative comments:</p> <ul style="list-style-type: none"> • Did not get to see GP of choice • Unable to get through on the telephone to make an appointment • Attitude of staff

Any additional evidence
<p>The practice had a comments and suggestions box available in the waiting room for patients to offer feedback on the practice. This was a new initiative and the results had not been collated at the time of the inspection.</p> <p>The practice had not undertaken any other patient surveys but were considering this in the future.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	We did not speak with any patients during this inspection.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	85.4%	86.1%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	79.6%	80.7%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	88.6%	89.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	88.6%	84.5%	85.4%	Comparable to other practices

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

Carers	Narrative
Percentage and number of carers identified	The practice had identified 59 patients as carers. This represented 1% of their total patient list.
How the practice supports carers	Carers received an annual flu vaccine and had an alert placed on their patient records to alert staff to their carer's status. The practice could refer patients to a local carer support organisation and had recently commenced social prescribing.
How the practice supports recently bereaved patients	The practice contacted bereaved patients and sent them a sympathy card. Whenever possible, a member of staff attended the funeral. We saw thank you cards from patients who had been supported by the practice through a period of bereavement.

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 Patient Participation Group (PPG) had requested a confidentiality mat to be placed in front of the reception desk. The mat defined the area for patients to wait behind whilst another patient was being seen at the reception desk. This has created a safe area for patients to communicate with the reception team.</p> <p>Telephone calls at the reception desk were taken behind a glass screen.</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

Source	Feedback
See above	See above

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available	
Morning	8.30am to 11.20am
Afternoon	1.30pm to 5.20pm
Extended hours opening	
Tuesday	7.10am to 8am (GP and HCA)
Thursday	6.30pm to 7.30pm (GP and Practice Nurse)
Saturday	Some morning GP appointments available upon request.

Additional evidence

Patients could also access an extended hours hub which was run by a federation of Windsor, Ascot and Maidenhead GPs. The service operated from St Marks Hospital, Maidenhead and King Edward VII Hospital in Windsor. Patients could access GP, nurse and healthcare assistant (HCA) appointments outside the practice core opening hours:

- Monday to Friday from 6.30pm to 9.30pm
- Saturdays between 8.30am to 5pm
- Sundays between 9am and 1pm

Appointments could be booked by the practice who had access to the appointment system.

Home visits

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
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If yes, describe how this was done

All requests for a home visit were added to the home visit appointment section on the appointment system. The duty GP called each patient and undertook a telephone triage. If a home visit was deemed necessary, the duty GP would add this to their home visit appointments. Some specific patients who were vulnerable or had complex needs, had an alert added to their record to ensure a home visit was undertaken without requiring a triage telephone call from the GP.

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 were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	75.2%	74.4%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	86.4%	70.5%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	64.5%	75.5%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	70.8%	72.7%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Mixed reviews of telephone access. Patients stated they were able to get an appointment and other patients said they were experiencing difficulty accessing an appointment.
CQC Comment Cards	<p>Four comment cards stated difficulty accessing appointments, particularly in the morning. One comment card stated they were required to wait up to ten days for a GP appointment.</p> <p>Six comment cards reflected positive outcomes to accessing appointments. Patients stated they could see a doctor or nurse quickly and conveniently. One patient commented on the various forms of patient access including e-consult and extended hours.</p>

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	23
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>One complaint was not formally acknowledged within the three working days timescale according to the practice policy, but was fully responded to within the 28 working days response period.</p> <p>None of the complaints we reviewed had included the health ombudsman in the response letter. However, the practice included the patient complaints leaflet which had these details.</p>	

Any additional evidence
The practice also logged compliments and other feedback received from patients on the complaints log.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice
Staff and PPG feedback and observations on the day demonstrated positive and dynamic leadership. The practice had implemented new innovations and was responsive to the needs of their staff and patients.

Vision and strategy

Practice Vision and values
The practice vision was included as a tag line in correspondence and on the practice website. They aspired to create a caring, forward thinking, patient focused and effective GP service.

Culture

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

Source	Feedback
Staff feedback	Sense of teamwork, everyone tries to help one another.
Staff feedback	One staff member said they had worked for the practice under the old provider when the practice felt more disjointed. Now the practice feels complete and runs more efficiently.

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff feedback	Staff feedback how they had requested a triage service during peak times, which the practice had commenced.
Staff feedback	Improved the travel vaccination service to patients by offering additional private vaccines.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Staff interview	Patient was given incorrect information during a consultation. The staff member involved contacted the patient to apologise and offered the correct information.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff feedback	Process of recording faxed documents changed to specific personnel so could be directed and actioned accordingly.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Staff interview	Weekly yoga sessions at the practice for all staff.
Staff interview	Social events throughout the year and birthday cards for staff.

Staff interview	Staff away day/team building
Staff interview	Paid for membership to a retail organisation (discounted and bulk buying products)

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Interview	Communication needs of all staff was considered and we saw evidence where reasonable adjustments had been made.

Examples of actions to improve quality in past 2 years

Area	Evidence
Staff meetings	The practice had commenced a series of “show and tell” sessions where staff could receive an interactive discussion on a topic.

Examples of service developments implemented in past 2 years

Development area	Evidence
Long term conditions	The practice recognised diabetes care required improving and introduced a structured care planning and recall system.
Accessing appointments	The practice had reviewed their appointments and introduced a new telephone system and single telephone number to enable better access to the practice. They had introduced a telephone triage service in December 2017 to offer patients appropriate advice and information and signpost them to other services if they did not require an appointment.
Social prescribing	The practice was one of three pilot sites within Windsor Ascot and Maidenhead chosen to offer social prescribing services.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Learning was shared through staff meetings and by email. We received feedback from six staff and interviewed five staff. All 11 staff (from across all staff groups) were able to recall learning from incidents and how this had affected the practice.
Practice specific policies	We reviewed a number of practice policies and found them to be practice specific, included all the relevant information (including additional references where appropriate) and had been reviewed and updated at a suitable interval.
Other examples	The practice shared complaints and incidents with the patient participation group and consulted them on outcomes.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

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
Health and safety	Completed risk assessment with actions completed in a timely way
Infection control	Infection control audits undertaken with CCG lead to ensure accuracy and consistency in findings. All actions undertaken in a timely way.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Newsletter	The practice produced quarterly newsletters in conjunction with the patient participation group to update patients on GP services, changes in staff, local health services and new innovations, such as e-Consult.
Public	Articles	The practice had written articles for a local newspaper on topics relating to health, social prescribing and how to engage with GP services.
Staff	Meetings	The practice held regular staff meetings including learning events.
External partners	CCG meetings	Staff at the practice described a good working relationship with the local CCG.

Feedback from Patient Participation Group (PPG);

Feedback

We met seven members of the PPG the day after the inspection. They told us they met regularly with members of the practice team and offered feedback on practice issues and innovations. They had made a number of suggestions to improve patient services. They found the practice management team open and responsive to their suggestions and welcomed their input.

The PPG maintained the PPG notice board in the waiting room, produced the practice newsletter and participated in patient events, such as a carers event and flu clinics. They discussed complaints and feedback and offered the patient viewpoint for the practice to consider when formulating their responses. The PPG had been involved in writing the practice zero tolerance policy.

Examples of specific engagement with patients and patient participation group (PPG) in developments within the practice;

Examples	Impact
Patient feedback	Any concerns or issues raised through patient feedback were discussed and a resolution sought, whether the issue had been raised as a complaint or anonymous feedback from NHS choices or the friends and family test.
PPG	The PPG had requested a standardised telephone response from the reception team as patients had identified they were sometimes given differing information. The PPG were involved in implementing a crib sheet for staff to follow.
PPG	Following patient feedback about confidentiality at reception, the PPG had requested a privacy mat. The mat identifies the area in reception for patients to wait behind whilst a private conversation is taking place at the reception desk.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
E-consult	<p>The practice had introduced an e-Consult service in March 2018. Patients could access the service via the practice website. The web consultation asked a series of questions about the presenting problem and requested the patient to confirm they were registered with the practice and were requesting the consultation for themselves. Once it was determined the patient required an e-consultation a message was sent to the practice. A GP would respond by telephone by the end of the next working day. Safety protocols built into the computer algorithm mitigated the risk of an urgent problem being delayed and non-urgent or minor concerns were signposted to other services, such as a local pharmacist.</p> <p>The practice had audited the e-Consult service and received responses from 19 patients who had used the service. Satisfaction with the service was high and 58% of patients did not require any additional contact with a GP or other health service following the consultation.</p>

Examples of improvements demonstrated as a result of clinical audits in past 2 years

Audit area	Impact
INR Audit	Review of patient notes and recommended guidance resulted in patients receiving appropriate treatment and care.
Diabetes audit	A two cycle audit demonstrated improvement in the care and treatment of patients with diabetes and a mild kidney impairment.

Any additional evidence
None

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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>