

Care Quality Commission

Inspection Evidence Table

27 Beaumont Street (1-549771639)

Inspection date: 22 May 2018

Date of data download: 24 April 2018

Safe

Safety systems and processes

Source	
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 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:	

Recruitment Systems

The registered person provided assurances that safety was promoted in their recruitment practices.	No
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	No
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	No
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	No
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any 'No' answers: Not all checks required prior to staff undertaking regulated activities were undertaken. Three staff files we reviewed did not contain all the recruitment and staff checks required under Schedule three. This included a lack of checking staff registration with professional bodies and obtaining proof of inoculations against infectious diseases.	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: February 2018	Yes
There was a record of equipment calibration Date of last calibration: November 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	Yes (approx. 10 years ago)
Actions were identified and completed.	Yes
Additional observations:	N/A
Health and safety Premises/security risk assessment? Date of last assessment:	No
Health and safety risk assessment and actions Date of last assessment:	No
Additional comments:	Nil

<p>Infection control</p> <p>Risk assessment and policy in place Date of last infection control audit: April 2018</p> <p>The provider acted on any issues identified</p> <p>Detail:</p>	<p>Yes n/a</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p> <p>The building was a converted house and a listed building. This limited the accessibility for patients who may require adjustments. There was not an adequate process for identifying, assessing and mitigating risks associated with the premises. The access to the rear of the property included a ramp for wheelchairs, prams and buggies. There was no assessment to determine if the pitch of the ramp was safe for wheelchair users, whether a raised threshold at the rear door posed a risk when used by wheelchairs and whether any other risks may be posed to patients with limited mobility. A set of stairs immediately inside a doorway leading from the rear entrance of the property was not clear highlighted to reduce a risk of a fall.</p> <p>There was no signage to indicate that Oxygen is stored in the reception area. This may have posed a risk in the event of a fire. A clinical waste bin was accessible to the public in the car park. Although the lid was locked the bin was not secured to stop it from being removed from the car park.</p>	

<p>Any additional evidence</p>
<p>Nil</p>

Risks to patients

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:	

Information to deliver safe care and treatment

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:	

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)	0.69	0.83	0.98	Variation (low prescribing)
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	12.1%	10.1%	8.9%	Comparable to other practices

Medicine Management	
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.	Partial*
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.	n/a
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes 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
<p>Explanation of any answers:</p> <p>The practice monitored patients on long term medicines with periodic reviews. However, the system for identifying patients on high risk medicines did not always clearly identify when patients required a review of their medicines. We found that out of approximately 20 patients on Methotrexate around a quarter were indicated on the patient record system as not having a review of their medicines within the required timeframe. When we looked in more detail at three patients who were taking methotrexate we saw all of them had received tests but two were slightly over the time period required for their previous blood tests. The system did not always ensure timeframes for medicine reviews were monitored appropriately.</p>	

Track record on safety and lessons learned and improvements made

Significant events	
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.	6
Number of events that required action	6

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

Event	Specific action taken
Appointment inappropriately allocated to a trainee GP	The process for booking appointments was assessed and discussed with staff to reduce the risk of this reoccurring.

Safety Alerts	
There was a system for recording and acting on safety alerts	No
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>When alerts were received into the practice they were disseminated to clinical staff. There was not a system for a staff member to be designated to identify what action was required. We saw a medicine alert which led to a search on the record system and identified one patient who needed a review of their medicines as a result. Although this was recorded there was no record of the action being undertaken by the staff member delegated to do so. The system was not overseen to ensure that delegated actions were undertaken.</p>	

Any additional evidence

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)	1.09	0.62	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)	85.7%	79.9%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.9% (31)	14.4%	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)	79.6%	78.2%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.3% (12)	11.1%	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)	77.8%	83.0%	80.1%	Comparable to other practices
QOF Exceptions	6.7% (11)	14.0%	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)	76.6%	75.3%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (3)	5.7%	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)	93.8%	91.5%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	12.0%	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)	84.0%	83.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (13)	4.6%	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)	85.0%	88.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.9% (7)	9.7%	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)	59	61	96.7%	Met 95% WHO based target Significant Variation (positive)
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)	30	35	85.7%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	31	35	88.6%	Below 90% Minimum (variation negative)
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)	30	35	85.7%	Below 90% Minimum (variation negative)

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)	60.5%	71.6%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	66.8%	74.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	55.2%	57.8%	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)	93.1%	78.2%	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)	100.0%	90.5%	90.3%	Significant Variation (positive)
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.5% (7)	9.1%	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)	98.1%	89.5%	90.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.1% (8)	8.1%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.9%	85.4%	83.7%	Comparable to other practices
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QoF score (out of maximum 559)	554	543	539
Overall QoF exception reporting	6.4%	5.6%	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

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)	97.4%	95.2%	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)	55.6%	61.9%	51.6%	Comparable to other practices

Any additional evidence

There were eight patients with a learning disability and seven had a specific health check designed for patients with learning disabilities.

Seven out of eight patients on the palliative care register had a care plan in place.

Dementia screening was in place and six patients had been identified at high risk of developing dementia by this screening in the last five years, following 220 screens.

The practice provided data which showed that 81% of patients eligible for cervical screening had received the assessment according to 2018 data.

Data from 2017/18 showed that of 67 patients on the mental health register 87% had an up to date care plan. 80% had an up to date assessment of blood pressure, 100% an up to date record of blood tests and 88% an up to date cervical screen.

In 2016/17 81% of smokers aged 15 and over were offered smoking cessation advice.

We looked at the process for exception reporting in the practice and found that the process was in line with national guidance.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	16
Number of CQC comments received which were positive about the service	14
Number of comments cards received which were mixed about the service	2
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, Comments cards, NHS Choices	Patients consistently reported that staff were caring, kind and that clinical staff listened very well. There was feedback regarding positive experiences in how patients' needs were cared for and treated. Patients also praised staff for their commitment to their needs. The mixed patient feedback was regarding access to the same GP sometimes being a problem.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
7,201	353	1.7%	121	34.28%

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)	90.9%	84.1%	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)	90.0%	91.4%	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)	93.7%	96.9%	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)	85.8%	88.7%	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)	97.0%	92.9%	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)	95.2%	93.0%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises. No

Date of exercise	Summary of results
N/A	The practice pro-actively sought and assessed feedback from a number of sources, analysed this feedback and then considered areas where improvements to their services could be made.

Any additional evidence

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Patient comment cards	Patients consistently reported that they were listened to, clearly advised and one patient specifically commented on how well options were discussed with them during consultations.

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)	94.5%	89.2%	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)	89.9%	85.9%	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)	94.1%	91.1%	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)	87.7%	87.2%	85.4%	Comparable to other practices

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 (when required)

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	78 carers (1.1%). This figure will be low due to the much lower proportion of older patients registered at the practice compared to national average.
How the practice supports carers	Information on local support groups was available. These patients were identified on the patient record system to ensure staff were aware of their caring status.
How the practice supports recently bereaved patients	The practice manager informed us that each patient who experienced a bereavement was called by a GP. Some of these patients were offered an appointment if it was deemed helpful for them.

Privacy and dignity

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	Phones were answered away from the waiting areas.

Consultation and treatment room doors were closed during consultations. Yes

Examples of specific feedback received:

Source	Feedback
	As above

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-12:00
Monday	12:00-18:30
Tuesday	08:00-12:00
Tuesday	12:00-18:30
Wednesday	08:00-12:00
Wednesday	12:00-18:30
Thursday	08:00-12:00
Thursday	12:00-18:30
Friday	08:00-12:00
Friday	12:00-18:30
Appointments available during these times	
Methods	There were 1,289 patients registered for online appointment booking.
Extended hours opening	
Tuesdays: 18:30 to 20:00 Every other Thursday: 18:30 to 20:00 Fridays: 07:00 to 08:00	

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
If yes, describe how this was done	
The practice was able to request home visits through the local visiting service provided by an Oxford City federation, where this was appropriate. There had been a duty doctor system implemented to support the assessment of home visiting needs.	

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)	91.5%	82.5%	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)	98.4%	82.9%	70.9%	Variation (positive)
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)	90.2%	86.1%	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)	90.5%	80.5%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Friends and family test	In 2017/18 94% of patients stated they would recommend the practice to someone.
Comment cards	None of the patients who filled in CQC comment cards provided any negative feedback regarding access to appointments or phone lines.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations.
Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	9
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1
Additional comments:	

Any additional evidence

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values
The practice's vision and values were understood by staff and reflected in the way services were delivered. Staff had a strong patient focus, were caring and committed to their patients.

Culture

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

Source	Feedback
Staff feedback	Staff felt well supported and listened to in regards to how services were organised.

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

Source	Example
Staff interviews	Changes to the storage of patient information was being considered in order to create more space within the surgery and improve the security of patient records.

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

Source	Example
Patient feedback and significant events	A number of significant events and patient feedback have related to signposting at reception. In response a new signposting tool had been implemented and training was being planned for reception staff to enhance their skills and awareness.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff interview	As above
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
Policies and protocols	Infection control training and processes were implemented. This included a protocol for the event of a needle stick injury (such injuries may pose a risk of infection to staff)

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

Source	Example
Recruitment processes	The provider embedded a protocol which was designed to ensure there was no discrimination during recruitment and induction of new staff.

Examples of actions to improve quality in past 2 years

Area	Impact
Clinical audit	Audit identified that during diagnosis of hypertension, improvements could be made in requesting appropriate investigations to deduce how the heart was functioning for example. Following the audit a template was implemented to offer a reminder of the required investigations. A subsequent re-audit showed significant improvements in these investigations being undertaken.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Reviewing all patient feedback data sources	Understanding the needs of patients and what potential changes may be required. Overall patient feedback was very positive. However, it was identified by the practice that waiting times for consultations within the practice was sometimes a concern. A patient feedback report was compiled
Public	n/a	
Staff	Meetings and appraisals	Staff told us they could provide feedback during appraisals and meetings.
External partners	Federation and other services	The practice worked with the local Oxford federation to ensure that the high number of students registered at the practice were able to access relevant services and that information on their needs was shared where necessary.

Feedback from Patient Participation Group;

Feedback

We spoke with one member of the patient participation group (PPG). They informed us the practice respected the PPG's views and included them in decisions around how services were organised.

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

Examples	Impact
All sources of patient feedback	The practice was assessing consultation and wait times as part of an action plan to implement improvements to patient services.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Patient walking and running group	One GP had a running and walking group as part of research they were undertaking. This promoted physical activity and socialisation amongst patients alongside supporting the GP with their research.
PPG Feedback and action	A change to the practice's phone answering message was made in response to PPG feedback.

Any additional evidence

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>