

Care Quality Commission

Inspection Evidence Table

Cobham Health Centre (1-568142593)

Inspection date: 6 June 2018

Date of data download: 22 May 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, 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 answers: n/a	

Recruitment Systems	
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 answers: n/a	

Safety Records

There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes October 2017
There was a record of equipment calibration Date of last calibration:	Yes August 2017
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 July 2017

Health and safety

Health and safety risk assessment and actions Date of last assessment:	Yes July 2017
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Infection control

Risk assessment and policy in place	Yes
The provider acted on any issues identified	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: Risk assessments were carried out by the land lord and all actions had been completed	

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
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 answers: n/a	

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 answers: n/a	

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)	0.84	0.98	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)	10.4%	10.0%	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	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 CD 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	NA
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	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site	Yes
The practice had a defibrillator	Yes
Both were checked regularly and this was recorded	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use	Yes
Explanation of any answers: n/a	

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	20

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

Event	Specific action taken
Suspected Sepsis	Ambulance called for patient and taken straight to A&E. Actions taken were in line with training and protocols.
Vaccines in fridge compromised due to power cut.	Protocol followed and the manufacturers of the vaccines contacted.

Safety Alerts	
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: The practice received alerts electronically, and these were distributed to clinical staff as necessary.	

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)	1.16	1.19	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)	83.9%	81.8%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (30)	10.2%	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)	83.8%	74.8%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.6% (25)	10.4%	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)	84.9%	80.3%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.4% (55)	13.7%	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)	80.1%	74.2%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.0% (10)	7.3%	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)	97.2%	92.4%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.2% (11)	11.7%	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)	87.9%	80.3%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.9% (29)	4.1%	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)	88.8%	89.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (24)	7.0%	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)	108	134	80.6%	Below 90% Minimum (variation negative)
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)	136	169	80.5%	Below 90% Minimum (variation negative)
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)	127	169	75.1%	80% or below Significant 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)	126	169	74.6%	80% or below Significant variation (negative)
<p>We spoke with practice regarding the child immunisation data. The practice was able to show us evidence of targets for immunisation rates being at 90% and over for three out of the four quarters. They explained that due to an error in submitting data that one quarter's targets had not been completed correctly and that data had shown a below target rate which would have affected the overall target. Data was in the process of being re-calculated.</p>				

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)	66.2%	72.4%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	69.4%	69.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	52.3%	57.4%	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)	92.2%	69.9%	71.2%	N/A
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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)	92.9%	91.8%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (5)	11.2%	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)	91.4%	89.8%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (5)	9.1%	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)	81.0%	81.3%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.7% (5)	6.0%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556	531	539

Overall QOF exception reporting	3.5%	5.2%	5.7%
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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
If no please explain below: n/a	

Any additional evidence
Cobham Health Centre was registered as a GP training practice providing training opportunities for doctors seeking to become fully qualified GPs (registrars). The practice was also training nurses.

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)	95.7%	94.4%	95.3%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (11)	1.0%	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)	39.1%	50.1%	51.6%	Comparable to other practices

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	48
Number of CQC comments received which were positive about the service	39
Number of comments cards received which were mixed about the service	9
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	All of the patient Care Quality Commission comment cards we received were positive about the service experienced. Comments received included patients feeling listened to and treated with respect. Other comments included staff being genuinely interested, understanding of patient's needs, caring and professional. Patients had named staff members who they particularly wanted to thank for the care they received from them. Eight patients commented that the appointment system could be improved and one person found a reception member of staff unfriendly.

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
13,176	272	2%	130	47.79%

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)	73.1%	78.5%	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)	89.7%	90.3%	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)	95.8%	95.7%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or	89.0%	86.8%	85.5%	Comparable to other practices

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)				
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)	88.5%	91.0%	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)	89.0%	91.3%	90.7%	Comparable to other practices

The practice carries out its own patient survey/patient feedback exercises		Yes
Date of exercise	Summary of results	
Monthly Friends and Family feedback	<p>March 2018 26 patients responded - 84.6% would recommend the practice</p> <p>April 2018 24 patients responded - 91.7% would recommend the practice</p> <p>May 2018 16 patients responded – 100% would recommend the practice</p>	

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Staff	The practice could demonstrate that they worked to involve all patients in their care. For example, the practice put alerts on patients records when they were visually or hearing impaired so all staff could provide the appropriate support.
Comment cards	Comments received from patients included that they felt time was given to them from GPs. They felt listened to and were involved in decisions about their care.
Patients spoken with	Patients commented that they felt listened to and were never rushed.

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)	86.5%	86.9%	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)	83.9%	82.9%	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)	84.1%	89.4%	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)	84.2%	83.5%	85.4%	Comparable to other practices

Question	
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	143 patients were identified as carers; this represented approximately 1% of the practice list.
How the practice supports carers	There was a designated carers' notice board in the patient waiting area which had information to inform patients about the various support available. Carers were encouraged to register with the carers direct scheme.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their usual GP contacted them and signposted them to a support service.

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments	Yes
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	Narrative
Arrangements to ensure confidentiality at the reception desk	Staff followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private. The reception desks were separate from the waiting area. Staff we spoke with told us of practical ways in which they helped to ensure patient confidentiality. For example, they ensured that patient information was never on view and asked patients to confirm dates of birth rather than full names when taking phone calls. Patients could also be taken to a separate room if they wished to discuss anything private. Patients could also book in via an electronic booking screen rather than attending the reception desk.

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 from patients:

Source	Feedback
CQC Comment Cards and patients spoken with on the day of inspection	Patients told us their privacy and dignity was respected.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-18:30
Tuesday	08:30-18:30
Wednesday	08:30-18:30
Thursday	08:30-18:30
Friday	08:30-18:30

Extended hours opening - Tuesday and Thursday mornings 7am till 8am

The practice was part of a federation of GP practices that offered evening appointments until 9pm and weekend appointments – Saturday 9am until 1pm and Sunday 9am until 1pm. These appointments were run from several locations in Leatherhead, Epsom and on the Downs.

The federation also ran a children's extended clinic from 4pm to 8pm, which the practices patients could attend. Appointments could be booked through the practice or directly.

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	
Patients calling to request a home visit were asked for information that would be recorded on to a home visit list. GPs would call patients for further information. Home visits were discussed to ensure the most appropriate GP attended.	

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)	62.5%	75.0%	80.0%	Variation (negative)
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)	37.0%	66.1%	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)	61.6%	75.2%	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)	47.4%	71.4%	72.7%	Variation (negative)

Examples of feedback received from patients:

Source	Feedback
Comment Cards /	We received 48 comment cards – feedback from 10 cards indicated that there was no problems with the appointment system and that urgent on the day appointments were available. However, we also received eight patient comments cards giving feedback that calling for an appointment could be problematic and there was a wait for routine appointments.
Patient Comments	On the day of inspection, we did not receive any negative feedback from patients we spoke with in regard to appointments.

Listening and learning from complaints received

Complaints	
The complaints policy and procedures were in line with recognised guidance and contractual obligations	Yes
Information was available to help patients understand the complaints system	Yes
Number of complaints received in the last year	12
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>We discussed complaints in detail with the business manager and found the practice responses were timely and appropriate. We saw examples of letters which were sent to patients.</p> <p>We saw there was information available for patients on how to complain, both in the practice and on the practice website. Patient complaints were discussed at team meetings as appropriate, to support learning and development.</p>	

Well-led

Leadership capacity and capability

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

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

Vision and strategy

Practice Vision and values

The practice had a mission statement and core values. Staff we spoke with were able to describe the values of the practice.

The practice aimed to provide efficient, responsive quality care in a patient centered environment.

The practices core values were:

- Working together for patients
- Respect and Dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Culture

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

Source	Feedback
Staff	Staff described the practice as friendly, supportive of staff and well organised, with patient care as a priority and senior partners accessible. Comments were made on how all staff were seen as important members of the team.
PPG	The PPG members we spoke with told us that they felt there was a partnership between the patients and the practice. They told us that they felt listened to and that their work between the practice and patients was valued.

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

Source	Example
Significant Events and Complaints log	Staff were aware of the duty of candour. All incidents and complaints were fully investigated. Patients were given a full explanation and feedback about the conclusions of investigations. We saw that apologies were made to patients by letter.

Examples of concerns raised by staff and addressed by the practice:

Source	Example
Staff	Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
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
Risk Assessments	<p>There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives.</p> <p>The practice had up to date fire risk assessments and carried out regular fire drills.</p> <p>All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.</p> <p>The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).</p>
Staff	<p>The practice arranged social events as a thank you which staff appreciated.</p> <p>Staff we spoke with told us they felt supported in an event that a patient may raise their voice or become confrontational. They told us that if any raised voices were heard other reception staff, the assistant practice manager or business manager would attend in reception to offer assistance.</p>

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

Source	Example
Training	Staff received training in equality and diversity.
Staff	The practice considered their staff and treated staff fairly and considered equality. There was an inclusive culture.
Staff	The practice did not discriminate against race religion or disability.

Examples of actions to improve quality in past 2 years:

Area	Impact
Audits	Clinical audits were carried out to demonstrate quality improvement. For example, audits for minor operations and asthmatic prescribing. All relevant staff were involved to improve care and treatment and patient outcomes.
2015 visions of improvement completed by the practice by 2018	<ul style="list-style-type: none"> • Training practice • Expanding into other spaces within the building • Continue good work with PPG & implement patient email communications

	<ul style="list-style-type: none"> • Provision of further patient services via local GP network (federation) • Continuous monitoring & improvement of patient experience
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Examples of service developments implemented in past 2 years:

Development area	Impact
Appointments	The practice tailored services in response to the needs of its population. For example, the practice offered online repeat prescription requests, advanced booking and text reminders of appointments.
Additional in-house services offered	<ul style="list-style-type: none"> • ECG's • Ambulatory ECG's • Provision of extended hours
Care Homes	<ul style="list-style-type: none"> • Additional residential home being managed by the practice
Partnership working	<ul style="list-style-type: none"> • Continued close partnership with local federation • Evening and weekend appointments via the federation • Children's weekday extended clinic via the federation
Systems	<ul style="list-style-type: none"> • Improved IT • New in house training

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.
The practice ensured learning from complaints and significant events.
Practice specific policies were implemented and were available to all staff.
A comprehensive understanding of the performance of the practice was maintained.
There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
Staff were able to describe the governance arrangements.
Staff were clear on their roles and responsibilities.
The practice offered personal lists which ensured good continuity of care

Managing risks, issues and performance

Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

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	NHS choices Website feedback Compliments Complaints Friends & Family Test Patient Comment Box PPG	Patients had access to details of the PPG, patient surveys and the NHS Friends and Family test. They could also speak with the business manager to discuss any areas for improvement. The business manager had given a talk to a local resident association explaining how the practice worked and the varied roles that staff undertook.
Staff	Staff meetings Annual appraisals One to one meetings	Staff attended meetings and felt able to offer their opinions to drive forward change and maintain quality services.
External partners	Regular Multidiscipline meetings	Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

Feedback from Patient Participation Group:

Feedback

We spoke with two members of the PPG. There was a small group, of around six patients, who attended face-to-face meetings and a virtual group of 500 patients. The PPG met with the business manager and a partner GP on a regular basis. The aim of the PPG was to:

- Improve communications and information transfer between a practice and its patients.
- Help themselves and others to be more responsible for their health.
- Give practice staff the opportunity to discuss topics of mutual interest to the practice.
- Contribute to continuous improvement of services.
- Provide practical support and help to implement positive changes

Some of the ways the PPG had supported the practice was by conducting patient surveys and by bidding for local funding. The PPG had managed to obtain funding so that the practice could install automatic entrance doors, hand rails along the corridor and a health monitor pod. More recently, funding was being used to buy blood pressure monitors and ECG monitors.

The PPG had also arranged talks given to the public by the practice in relation to health care issues. For example, skin cancer and one on mental stress and general mental health.

Any additional evidence

The practice was keen to ensure that quality patient services were delivered. They engaged with other local practices to develop services to support timely access to quality care.

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>