

# Care Quality Commission

## Inspection Evidence Table

### Bush Hill Park Trinity Surgery (1-545708272)

Inspection date: 12 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## 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 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	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:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes
There was a record of equipment calibration Date of last calibration:	Yes 29/09/2017
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	No
Actions were identified and completed.	N/A
Additional observations:	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	No
Health and safety risk assessment and actions Date of last assessment:	Yes 14/06/2018
Additional comments: The practice had not undertaken a health and safety risk assessment on the day of the inspection, but it had been booked. Shortly after the inspection they provided evidence to show a health and safety risk assessment had been undertaken. The practice had not undertaken a fire risk assessment, however we saw evidence that this had been booked to be under taken on 19 June 2018.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The provider acted on any issues identified  Detail:	Yes 31/12/2017
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any 'No' answers:	

Any additional evidence

## 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:	

## 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:	

## 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)	1.03	0.86	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)	19.6%	10.7%	8.9%	Significant Variation (negative)

The practice had reviewed and assessed their prescribing data, we saw evidence that the practice had made a substantial saving in prescribing antibiotics via a CCG incentive scheme. The practice also told us they were working closely with the CCG and had implemented delayed prescribing of antibiotics to aid in reducing the prescribing of antibiotics. The practice told us would continue to monitor their antibiotic prescribing.

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.	No
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.	N/A
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	Yes

medicines/medical gases	
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.	No
Explanation of any 'No' answers: On the day of the inspection we identified that some patients on high risk medications were set up for repeat prescriptions for six months before a review, consequently patients could get their medication without having a blood test. We discussed this with the practice, a day after the inspection the practice submitted a revised policy with a new system for issuing medicines to patients on high risk medicines, which would require the prescriber to check blood test results before issuing prescriptions. Medicines that required refrigeration were appropriately stored, and monitored, however there was only an internal thermometer being used. This is not in accordance with Public Health England guidance.	

### 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.	6
Number of events that required action	6

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

Event	Specific action taken
Several letters were found in the post at Number 24 Trinity Avenue which is part of the surgery building but the post is not used by them.	Discussed at team meeting: Poster directing the postman and patients to use 22, not 24 for posting letters had been reinstated.
Patient given another patients letter	Reminder to staff discussed in practice meeting to confirm details of patients. All staff now check name, DOB before giving anything out. The practice now has access to online training and staff have completed modules including data protection and information governance.

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: The practice informed us the Practice manager and lead GP were responsible for alerts they informed us if the alert relates to a medicine, the Practice manager would run a search to identify any patients affected. If any patients were identified, the patient would be alerted and asked to attend the surgery for a review of their medication. We identified that one alert had not been actioned Ace inhibitor interaction with spironolactone.

## 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)	0.31	0.71	0.90	Variation (positive)

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)	60.0%	73.6%	79.5%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (2)	8.7%	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)	76.5%	75.7%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

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 <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	66.7%	77.0%	80.1%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.6% (5)	8.5%	13.3%	

The practice provided us with unverified data for QOF 2017/2018 which showed an overall improvement for diabetes 85%.

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. <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	86.3%	77.0%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	2.3%	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 <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	91.1%	90.1%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	5.0%	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 <b>(01/04/2016 to 31/03/2017)</b> <small>(QOF)</small>	81.6%	81.3%	83.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (1)	2.5%	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)	81.0%	86.4%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (3)	9.5%	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. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	12	16	75.0%	80% or below Significant variation (negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	24	30	80.0%	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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	24	30	80.0%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)	24	30	80.0%	Below 90% Minimum (variation negative)

The practice provided us with unverified data that showed over the last six months child immunisation uptake had improved with over 90% and one short of 90% in the preschool boosters. We were told the nurse was actively following up, and that the practice called patients and sent out letters. The practice also had an action plan and had set reminders up on a shared calendar so they could contact patients at the right time to attend the practice for immunisations.

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 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England)	67.7%	69.8%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.3%	67.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	50.8%	49.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	100.0%	77.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	92.3%	90.9%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (1)	5.7%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	92.3%	90.5%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.7% (1)	4.1%	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 <b>(01/04/2016 to 31/03/2017)</b> (QoF)	100.0%	84.7%	83.7%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	4.9%	6.8%	

### Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	537	532	539
Overall QOF exception reporting	2.7%	4.5%	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.	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:	
Of the sample of clinical records we viewed, not all consultation notes were written with a clear full account detailed explanation of the reason why the patient had attended the practice and the diagnosis.	
Any further comments or notable training:	

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed <b>(01/04/2016 to 31/03/2017)</b> (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 <b>(01/04/2016 to 31/03/2017)</b> (QOF)	95.6%	96.4%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.2% (1)	0.4%	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) <b>(01/04/2016 to 31/03/2017)</b> (PHE)	60.0%	51.8%	51.6%	Comparable to other practices

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	19
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
For example, Comments cards, NHS Choices	A number of cards noted that staff were caring, friendly and helpful. Reception staff were noted to be helpful. The doctors at the service were described as very good and they listen. Three patients said they found it difficult to get an appointment

### National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
2,579	273	11%	103	37.73%

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 <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey)	78.2%	72.7%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	92.4%	85.8%	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?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	94.7%	94.0%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or	80.2%	81.5%	85.5%	Comparable to other practices

spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	90.0%	84.6%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	91.0%	84.5%	90.7%	Comparable to other practices

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

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients	On the day of inspection, we spoke with three patients whom we asked them if they were treated with dignity compassion and respect. All three patients said yes.

### 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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	81.3%	83.0%	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 <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	81.5%	78.5%	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 <b>(01/01/2017 to</b>	84.4%	83.0%	89.9%	Comparable to other practices

<b>31/03/2017</b> ) (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 involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)	81.1%	78.9%	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 27 patients as carers, 1% of the practice list
How the practice supports carers	The practice had information leaflets and posters in reception. We were told that carers were offered flu vaccinations, longer appointments, also Skype appointments could be offered.
How the practice supports recently bereaved patients	The GPs would contact families of bereaved patients, they would offer priority appointments if required.

## 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	The practice told us if patients wanted to discuss something in private they would offer patients a quite room.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
Examples of specific feedback received:	Yes

Source	Feedback
The practice	We were told patients told the practice they could sometimes hear the conversation in the consulting rooms, so the practice installed sound proofing in consultation rooms.
Patients we spoke with on the day.	We asked three patients on the day of inspection if their privacy and dignity was respected by medical staff. All three patients said yes.
Patient comment cards.	82% of the patient comment cards we received on the day of inspection were positive about the service received.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-19:00
Tuesday	08:30-19:00
Wednesday	08:30-19:00
Thursday	08:30-12:00
Friday	08:30-19:00
Appointments available	
Monday	8.30am-12.30 and 5pm- 6:30pm
Tuesday	8.30am-12.30 and 5pm- 6:30pm
Wednesday	8.30am-12.30 and 5pm- 6:30pm
Thursday	8.30am-12pm
Friday	8.30am-12.30 and 5pm- 6:30pm
Extended hours opening	
Monday - Wednesday	6.30pm - 7pm

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	
<p>Requests for a home visit would be triaged by the GP and a visit made if necessary.</p> <p>Telephone triage was available each day with emergency appointments available.</p>	

## 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)	78.3%	79.6%	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)	83.0%	63.9%	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)	74.4%	67.7%	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)	69.6%	66.6%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
Patients	We spoke with three patients on the day of inspection. All patients provided positive feedback.

## 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	
Number of complaints received in the last year.	Two
Number of complaints we examined	Two
Number of complaints we examined that were satisfactorily handled in a timely way	Two

Number of complaints referred to the Parliamentary and Health Service Ombudsman	None
<b>Additional comments:</b>	
We discussed complaints in detail with the practice manager and found the practice response was timely and appropriate. We saw examples of letters which were sent to patients.	

<b>Any additional evidence</b>
We saw that information on how to complain was available for patients.

# Well-led

## Leadership capacity and capability

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

### Vision and strategy

#### Practice Vision and values

There was a clear vision to provide patients with high quality, patient-centred, holistic care, in a safe, responsive and courteous manner. The practice strived to preserve the traditional values of Primary Care Medicine, whilst empowering patients to fully participate in their own care. All staff were aware of the vision and we saw that this translated into the action of the practice. The practice had their mission statement displayed in the reception area and staff members were aware of it.

### Culture

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

Source	Feedback
Staff	Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.
	Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. Staff said they felt confident that managers would address their concerns and issues raised.

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

Source	Example
Practice significant events records	A patient was given a letter that belong to another patient. The patient was apologised to and the practice discussed the importance of making sure the details of patients are handled with confidentiality. The practice also installed an online learning resource where all staff members had access to modules including data protection and information governance.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff members spoken to on the day of the inspection could not think of any concerns they had raised with management, however they said any concerns they had they felt senior management were approachable and would raise issues with them.

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

Source	Example
Staff	All staff attended team meetings. This provided an inclusive culture for non-clinical staff and assisted in providing a quality service to patients. All staff were asked at the end of each meeting if they had any contributions they would like to add to the meeting.

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

Source	Example
Staff	Staff told us that the team was diverse and everyone was treated equally.
Policy	The practice had a policy on diversity and equality and diversity.

Examples of service developments implemented in past 2 years

Development area	Impact
Roles	For a short period of time the practice made arrangements for patients to have access to a female GP, this offered patients the flexibility to see both a male and female GP. The practice told us this arrangement came to an end, but they had plans in place to continue to try and make arrangements for patients to have access to a female GP.

**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	The complaints procedure was clear, with timely responses and evidence of the whole practice team learning from investigations. Complaints and significant events were discussed during all staff meetings.
Practice specific policies	The practice had a range of policies including a complaints policy, and significant events policy.
Other examples	
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

## 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	Engagement	The practice undertook weekly educational sessions for patients which were run by one of the lead GPs. Pressure Lowering and Enhanced Diabetic Group Education (PLEDGE) and Weekly Enhanced Diabetic Group Education (WEDGE).
Public	PPG	The practice actively engages with the Patient Participation Group and meets with them every three months.
Staff	Engagement	Staff said suggestions are encouraged and discussed in the team. Staff identify opportunities for further training to develop their roles.
External partners	Clinical Commissioning Group, Adult and Social care agencies	The practice engages effectively with the CCG and local services to get involved in pilots and to assist learning and development and improve quality.

### Feedback from Patient Participation Group;

Feedback

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

Examples	Impact
The practice made arrangements to offer patients a female GP if requested.	For a short period of time the practice made arrangements for patients to have access to a female GP, this offered patients the flexibility to see both a male and female GP. The practice told us this arrangement came to an end, but they had plans in place to continue to try and make arrangements for patients to have access to a female GP.

## Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
Skype Consultations	The practice offered all its patients skype consultations.
Sound proofing	The practice installed sound proofing in consultation rooms.
Language	One of the GPs was learning to speak Turkish, as the practice had a large Turkish population.

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

Audit area	Impact
Diabetic Audit	The audit demonstrated that there was a correlation between the education and the lowering of HbA1c in patients attending the weekly sessions.
Audit to assess the impact of targeted patient information on the uptake of EPS	To assess how the messages left on the prescriptions of target patients contributed to the uptake of Electronic Prescription Service (EPS). In the first cycle there was 4% of the practice patients list using EPS, in the second cycle there was an increase of 5% of patients using EPS.

### 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>